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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Healing Hoove	es Animal Therapy	Inc.
DOCUMENT NUM	BER: N10000006565		
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corre	spondence concerning this matt	ter to the following:	
		en B. Kyle	
	(Name of	Contact Person)	
	Healing Hoove	s Animal Therapy Inc.	
	(Firm	/ Company)	
	8346	A <b>f</b> fred Blvd.	
	(2	Address)	
	Punta Go	orda, FL 33982	
	(City/ Sta	te and Zip Code)	
	E-mail address: (to be use	d for future annual report n	otification)
For further information	on concerning this matter, please	e call:	
Mark S. Hicks		at ( 941 ) 473	3-0422 Daytime Telephone Number)
(Name	of Contact Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a check for	or the following amount made p	ayable to the Florida Depa	rtment of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divisi P.O. I	ng Address dment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	ction porations 3 Center Circle

#### Articles of Amendment to Articles of Incorporation of



01	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Healing Hooves Animal Therapy Inc	ORIE
(Name of Corporation as currently filed with the Florida Dept. of State)	— · · · · · · · · · · · · · · · · · · ·
N1000006565	
(Document Number of Corporation (if known)	

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

The new name must be distinguishable and co		corporated" or the
bbreviation "Corp." or "Inc." <mark>"Company" or</mark>	"Co." may not be used in the name.	
3. Enter new principal office address, if appli Principal office address MUST BE A STREET		
		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CE BOX)	
		<u> </u>
		nter the name of the
D. If amending the registered agent and/or renew registered agent and/or the new registered.		nter the name of the
		nter the name of the
new registered agent and/or the new registered		nter the name of the
new registered agent and/or the new registered Name of New Registered Agent:	tered office address:	
new registered agent and/or the new registered Name of New Registered Agent:	tered office address:	nter the name of the , Florida (Zip Code)

Signature of New Registered Agent, if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

#### E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

ARTICLE XIII: a. Healing Hooves Animal Therapy Inc. is organized exclusively for chartible religious, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code or corresponding section of any future federal tax code. b. No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substanial part of the activites of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other proivision of this document the organization shall not carry on any other activities not permitted to be carried on (a) by an organization excmpt for federal income tax under section 501(c)(3) of the Internal Revenue Code or {continued on page 2(a) attached}

corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

c. Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 50l(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

The date of each amendment(s) adoption:
(date of adoption is required)
Effective date if applicable:  (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 4/25///
Signature Cour Kyli
(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
Coreen B. Kyle
(Typed or printed name of person signing)
Presdient
(Title of person signing)

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