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SECPETARY OF STATE DIVISION OF CORPORATIONS

Amena/CC (a 5/18/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: FRIENDS OF	CITRU	s cou	NTY ANII	MAL SERVICES
DOCUMENT NUM	BER: N10000007208			 :	
The enclosed <i>Article</i> .	s of Amendment and fee are sul	bmitted for	filing.		
Please return all corre	espondence concerning this mat	ter to the f	following:		
		ael DeRo			
	(Name of	f Contact P	erson)		
	FRIENDS OF CITRUS CC	UNTY A	NIMAL S	SERVICES	, INC.
	(Firm	n/ Compan	y)		
	6415 E. I	Mockingt	oird Ln.		
	(.	Address)		,	
	Inverne	ess, FI 3	4452		
	(City/ Sta	ite and Zip	Code)		
	dog-lover@)tampaba	ay.rr.com	1	
	E-mail address: (to be use	ed for futur	e annual r	eport notifica	tion)
For further informati	on concerning this matter, pleas	e call:			
Michael DeRose		at (352	726-016	5 .
(Name	of Contact Person)		(Area Co	ode & Daytin	ne Telephone Number)
Enclosed is a check f	or the following amount made p	oayable to	the Florida	n Department	of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing ied Copy tional copy sed)		☑ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 bassee FL 32314		Division Clifton E	nent Section of Corporatio	ns

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FRIENDS OF CITRUS COUNTY ANIMAL SERVICES, INC.

(Name of Corporation as current	ly filed with the Florida Dept. of	State)
N1000	0007208	
(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flower the following amendment(s) to its Articles of Income.		r Profit Corporation adopts
A. If amending name, enter the new name of th	e corporation:	
The new name must be distinguishable and conto abbreviation "Corp." or "Inc." <u>"Company" or "</u>		incorporated" or the
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		incorporated" or the
		PH 1: 4.9
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	· · · · · · · · · · · · · · · · · · ·
 If amending the registered agent and/or registered agent and/or the new register 		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing less hereby accept the appointment as registered as position.		ccept the obligations of the
Sign	nature 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>	<u>Name</u>	Address	Type of Action
			□ Add □ Remove
			☐ Add ☐ Remove
			
(attach ad Article VII		e specific)	
!	dissolution of this organizatio		
exempt pi	urposes within the meaning of	f section 501(c)(3) of the Ir	nternal Revenue Code,
or corres	ponding section of any future	federal tax code, or shall b	be distributed to the
federal go	vernment, or to a state or local	al government, for a public	purpose. Any such
assets no	t disposed of shall be dispose	d of by the Court of Comp	etent Jurisdiction of the
county in	which the principle offices of t	he organization is then loc	ated, exclusively for
such purp	oses or to such organization	or organizations, as said C	ourt shall determine,
which are	organized and operated excl	usively for such purposes.	
	· · · · · · · · · · · · · · · · · · ·		
<u> </u>			

The date of each amendment(s)	adoption: 5/4/11
``	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) al.
There are no members or mer adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated 5/4/11 Signature	Marked Misse
(By the have n	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
	Michael DeRose
_	(Typed or printed name of person signing)
_	President
_	(Title of person signing)