## N10000001208

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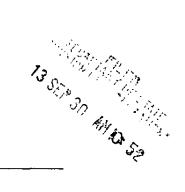
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AMUMO 10.4,13

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: FRIENDS OF CITE	RUS COUNTY ANIMAL SERVICES, INC.
DOCUMENT NUMBER: N100000720	18
The enclosed Articles of Amendment and fee are submitted	l for filing.
Please return all correspondence concerning this matter to t	he following
Michael DeRose	
(Nar	ne of Contact Person)
FRIENDS OF CITRUS COUNT	ΓΥ ANIMAL SERVICES, INC.
	(Firm/ Company)
6415 E Mockingbird Lane	
	(Address)
Inverness, Fl 34452	
(City	State and Zip Code)
dog-löver@tampaba	ay.rr.com
E-mail address: (to be used for f	uture annual report notification)
For further information concerning this matter, please call:	
Michael DeRose	352 201-8664
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida Department of State:
(A	3.75 Filing Fee & S52.50 Filing Fee riffied Copy dditional copy is nclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



## FRIENDS OF CITRUS COUNTY ANIMAL SERVICES, INC.

N1000007208	rida Dept, of State)
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation/a	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	6415 E. MOCKINGBIRD LANE
(Principal office address MUST BE A STREET ADDRESS	NVERNESS, FL 34452
·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6415 E. MOCKINGBIRD LANE
· · · · · · · · · · · · · · · · · · ·	INVERNESS, FL 34452
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ce address in Florida, enter the name of the
Name of New Registered Agent n/a	
New Registered Office Address:	(Florido street uddress)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I om far	
Signature of New	Registered Agent, if changing

Page 1 of 4

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following monner: Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange X Remove X Add	<u>V</u> <u>Mik</u>	<u>n Doe</u> se Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		Anne Mangano	1841 N. EAGLE CHASE DRIVE
Add			HERNANDO, FL 34442
X Remove			
2) X Change	PTD	Michael A. DeRose	6415 E. MOCKINGBIRD LANE
Add	<u>-</u>		INVERNESS, FL 34452
Remove			
3 ) Change			· <del></del>
Add			
Remove			
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			V4
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (atruch additional sheets, if necessary). (Be specific)					
(arrich additional sheets, if necessary).	(Be specific)				
4					
n/a					

The date of each amendment(s) adoption: 9/9/2013  date this document was signed.		, if other than the			
	ective date if applicable:	(no move than 90 days after amendment file date)			
Ado	option of Amendment(s)	(CHECK ONE)			
	The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)			
	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 9/27/13, Signature / 1/1/2	hat I takene			
	(By the chairman have not been se	or vice chairman of the board, president or other officer-if directors lected, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	_		
	Michael A. D	eRose			
	(Ty <sub>l</sub>	ped or printed name of person signing)			
	President				
		(Title of person signing)			