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| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | ry/State/Zip/Phone | · / |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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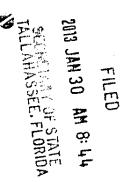
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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: Coastal C | Solden Retri | ever Rescue |
|--|--|--|
| DOCUMENT NUMBER: N1000007 | 585 | |
| The enclosed Articles of Amendment and fee are subr | nitted for filing. | |
| Please return all correspondence concerning this matter | er to the following: | |
| Kathy McCulloch | | |
| | (Name of Contact Persor |) |
| Coastal Golden Retrieve | r Rescue of | FL, Inc. |
| | (Firm/ Company) | ** *** |
| P.O. Box 49263 | | |
| | (Address) | |
| Jacksonville Beach, FL 3 | 32240-9263 | |
| | (City/ State and Zip Code | è) |
| atmkom@gmail.c | om | |
| E-mail address: (to be used | for future annual report | notification) |
| For further information concerning this matter, please | call: | |
| Kathy McCulloch | _{at (} 904 | 223-6094 |
| (Name of Contact Person) | | ode & Daytime Telephone Number) |
| Enclosed is a check for the following amount made pa | yable to the Florida Depa | urtment of State: |
| \$35 Filing Fee \$\sum \text{\$\sum \text{\$\text{Certificate of Status}}\$ | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tellehersee, FL 32314 | Amend Divisio Clifton | Address Iment Section on of Corporations Building |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2013 JAN 30 AM 8: 44

Coastal Golden Retriever Rescue of Florida, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) N1000007585

TALLAHASSEE, FLORIDA

(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 ne |
|--|--|--|------------|
| name must be distinguishable and contain th "Company" or "Co." may not be used in the | e word "corporation" or "in <mark>e name</mark> . | corporated" or the abbreviation "Corp. | " or "Inc. |
| B. Enter new principal office address, if a (Principal office address MUST BE A STRE | | | |
| C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF) | | | |
| D. If amending the registered agent and/onew registered agent and/or the new re | | n Florida, enter the name of the | |
| Name of New Registered Agent: | | · | |
| New Registered Office Address: | (Florida stree | t address) | |
| _ | | , Florida | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if chan I hereby accept the appointment as registered | | and accept the obligations of the position | n. |
| Signat | ure 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 manner. 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: X Change X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|----------------------------------|------------------------------------|---------------------------------------|------------------------------|
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | V | Sheri Scarborough | 8668 Rolling Brook Ln. |
| X Remove | | | Jacksonville, FL 32256 |
| 2) Change | V | Cecilee Russell | 2289 Hidden Waters Dr. |
| X Add | | | Green Cove Springs, FL 32043 |
| Remove 3) Change | S | Raymond Arena | 2242 Brian Lakes Dr., E. |
| X Add | | | Jacksonville, FL 32221 |
| Remove | | | |
| 4) Change | <u>s</u> | Emily Carmain | P.O. Box 119 |
| Add X Remove | | | Fernandina Beach, FL 32035 |
| 5) Change | | | |
| Add | | | |
| 6) Change Add | | - | *** |
| Remove | | Days 2 x 6.4 | |

| f amending or adding additional Arti attach additional sheets, if necessary). | (Be specific) | <u>e</u> : | |
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| The | The date of each amendment(s) adoption: August 31, 2012 | | |
|------|--|--|--|
| Effe | ective date if applicable: | | |
| | (no more than 90 days after amendment file date) | | |
| Ada | option 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 August 31, 2012 | | |
| | Signature Xakeria O. No Coulock (B) the chairman or vice chairman of the board president or other officer if directors | | |
| | (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | | |
| | Katherine O. McCulloch | | |
| | (Typed or printed name of person signing) | | |
| | President & Treasurer | | |
| | (Title of person signing) | | |