N1000008780

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amend Mane chs (a) 10.12.10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MYSTIC	JUNGLE SI	ANCTUARY INC,		
DOCUMENT NUMBER: N10000	008786			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MARK R. (Name o	haples of Contact Person)			
Mystic Jung (Fir	Le SANCTUI m/Company)	ary Inc.		
13429 South	Hwy 129 (Address)			
LIVE OAK F1. 32060 (City/ State and Zip Code)				
ROCKNC FARMS @ VAtloo · Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, plea	se call:			
MARK R. Chaples (Name of Contact Person)	at (954) (Area Code &	325 - 13 + 7 & Daytime Telephone Number)		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	& \$\sum \\$52.50 \text{ Filing Fee} \\ Certificate of Status \\ Certified Copy \\ (Additional Copy \\ is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Addre Amendment S Division of C Clifton Buildi 2661 Executiv	ess Section orporations		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MYSTIC JUNGLE SI (Name of Corporation as current	ANCTUARY INC. tly filed with the Florida Dept. of St	ate)
NI 00000085		
rursuant to the provisions of section 617.1006, Flore following amendment(s) to its Articles of Inco		Profit Corporation adopt
MYSTIC JUNGLE Ed The new name must be distinguishable and contibbreviation "Corp." or "Inc." "Company" or "	LUCATIONAL FACTOR FACTOR TO THE MORE TO TH	i/ify iNC, corporated" or the
3. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
D. If amending the registered agent and/or reg new registered agent and/or the new registe		ter the name of the
Name of New Registered Agent:		_
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered a osition.		pt the obligations of th
Sign	nature of New Registered Agent, if ch	anging

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
			•
	ng or adding additional Articles, enter c litional sheets, if necessary). (Be specific		
•	e ARE THE CURRENT	·	Rectors:
D.P 1	mt-Mark Richaples, 134 Mark Richaples, 1:34:	29 South Hwy 129,	1 ive OAK F1 32060
DV-	VERA Newberry, 134	29 South Hwy 129.	Live OAK Fl 32060
DST- 1	MARY & Chaples, 5901 S	iw 160 Ave South w	est RANChes Fl 3333
D-B	Ruce Zellmer, 11535	N. GuaysiDe Dr. C	coper City F1 33026
D- G	eorgell Perch Bach - 910	NW 49 St Deer	<u> Field Be</u> ach Fl 3331
D- RA	LPH Bellman, General	Delivery, Ochoped	2 Fl 34141
D- Jo	shua Dykes, 5745 Dyk	es Rd. Southwest T	RANCHES F1 33331
	,		
			
		<u></u>	
,			
	···		

The date of each amendment(s) adoption: Oct 5, 2010			
•	(date of adoption is required)		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).		
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.		
Dated Oct	h, 2010		
	chairman or vice chairman of the board, president or other officer-if directors		
	been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)		
	MARK R. ChAples (Typed or printed name of person signing)		
	DP.		
	(Title of person signing)		

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