# N10000011867

(F	Requestor's Name)	
(A	Address)	<u></u>
(A	Address)	
(0	City/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
. (E	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
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12/05/11--01030--020 \*\*35.00

Amend



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#### **COVER LETTER**

Division of Corporations PET RESCUE, INC. WARM 10000011867 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DIANE TAYLOR E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: **☑**\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

#### **Mailing Address**

TO: Amendment Section

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

is enclosed)

### **Articles of Amendment** to

## Articles of Incorporation of

WAKIN HEART	S PET	KESCUE	LNC.
(Name of Corporation as curre	ently filed with th	e Florida Dept. of Sta	<u>ite</u> )
			<del></del>
(Document Nun	nber of Corporation	n (if known)	
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In		his <i>Florida Not For Pr</i>	rofit Corporation adopted
<del>-</del>	•		
A. If amending name, enter the new name of	f the corporation:		美 5
The new name must be distinguishable and co	ontain the word "	corneration" or "inco	provated" of the
abbreviation "Corp." or "Inc." "Company" o			proporting of the
B. Enter new principal office address, if app	licable:		A STATE OF THE STA
(Principal office address MUST BE A STREE	T ADDRESS )		•
	-	<del></del>	· , · · , · · , · · , · · · , · <del>· · · ·</del>
	-		
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)			
(many autress <u>many beautiful</u>			
	_		
	-	<del></del>	
D. If amending the registered agent and/or r			er the name of the
new registered agent and/or the new regis	stered office addr	<u>ess:</u>	
Name of New Registered Agent:			_
N D : 100 111	/F! · · ·		<del></del>
New Registered Office Address:	(Florida	a street address)	
		(City)	, Florida(Zip Code)
N B 1 1 1 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1		,	(Elp Couls)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.			t the obligations of the
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man Hand the country	t time a temperature of the control	7 ********* ****** ******	a in no all tan electric deservado de la deservado e ben-	
Title(s)	 Name		กลัสทางจ	
	DIANE TAYLOR	on - Fo	MPANO BEZ	OH,FL
* SECRETARY	STACEYTCHE Y LUCY CHUA	551 50	10 NE TRIE	STE-TE-PP
<del>+)</del>				
<u> </u>		- <u></u>		
<u>H PERIOTENS de di</u> Languesi	Meer and/or director, please E	at the title(a) s	nd name of the officer	Mircetor to be
	Nume	<u> </u>	.zmm.	

E. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). (Be specific)			
(attach additional sheets, if necessary).	(Be specific)		
	<del></del>		
<del></del>			
to the structure of the			
	<u></u>		
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NOVEMBER 1,2011
Effective date if applicable: NOVEMBEZ (date of adoption-required)
idoption of increduces(s) (CHICK 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
adopted by the board of directors.
(fig the chairman or vice chairman or tip board, president or other officer-if directors
(fly 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 manufactual ficharing by that fiducing)
DIANETAYLOR
CHAIRMAN
( time of person nighting)

T. .... 2 ... 2