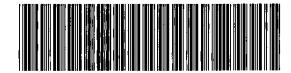
# N100000/1940

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| (Chyrolato/2)p/ Hono II/                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Consideration As 5'lling Officers       |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
| <u> </u>                                |

Office Use Only



600208198216

06/02/11--01020--013 \*\*35.00

Ames



M 6-74

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO  | RATION: DOLLY'S FOUNDATION                   | I - RESCUE, EDUCATE, ADVOCATE   | INC.  |
|--|--|---|---|
| DOCUMENT NUM   | BER: N10000011940                            |   |   |
| The enclosed Article   | s of Amendment and fee are sub               | omitted for filing.   |   |
| Please return all corre  | espondence concerning this mat               | ter to the following:   |   |
|  |  | Frica Daniel  |   |
|  | (Name of                                     | Contact Person)   |   |
|  | DOLLY'S FOUNDATION - R                       | ESCUE, EDUCATE, ADVOCATE INC  | <u>.                                    </u>  |
| <del></del>  | (Firm  | n/Company)  |   |
|  | 383 OLE                                      | GENEVA ROAD   |   |
| <del></del>  | (  | Address)  |   |
|  | GEN  | EVA FL 32732  |   |
|  | (City/ Sta                                   | te and Zip Code)  | <del></del>   |
| <del></del>  | _  | ollysfoundation.org<br>ad for future annual report noti   | fication)   |
| For further information  | on concerning this matter, pleas             | e call:   |   |
| Erica Daniel   |  | at (407 ) 509-435   |   |
| (Name  | of Contact Person)                           | (Area Code & Day  | ytime Telephone Number)   |
| Enclosed is a check f  | or the following amount made p               | payable to the Florida Departm  | ent of State:   |
| <b>☑</b> \$35 Filing Fee   | ☐ \$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  | ☐ \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  | Street Address Amendment Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32 | ations<br>nter Circle   |

#### **Articles of Amendment** to **Articles of Incorporation** of



### DOLLY'S FOUNDATION - RESCUE, EDUCATE, ADVOCATE INC. (Name of Corporation as currently filed with the Florida Dept. of State N10000011940 (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: A. If amending name, enter the new name of the corporation; The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the

position.

Signature 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>                         | <u>Address</u>            | Type of Action |
|--------------|-------------------------------------|---------------------------|----------------|
| STVT         | REBECCA ROBERTSON                   | 184 BRISTOL FOREST TRAIL  |                |
|              |                                     | SANFORD FL 32771          |                |
|              |                                     | SAN ORD PE SZETT          | III Remove     |
| OT.          | ADAM CANNON                         |                           |                |
| ST           | ADAM CANITON                        | 868 TIVOLI CIRCLE APT 108 | 🖸 Add          |
|              |                                     | DEERFIELD BEACH FL 33441  |                |
|              |                                     |                           | <del></del>    |
|              |                                     |                           |                |
|              |                                     |                           | ☐ Remove       |
|              |                                     |                           |                |
|              |                                     |                           |                |
| E. If ameno  | ding or adding additional Article   | s, enter change(s) here:  |                |
| (attach ac   | dditional sheets, if necessary). (I | Be specific)              |                |
|              |                                     |                           |                |
|              |                                     |                           |                |
|              |                                     |                           |                |
|              |                                     |                           |                |
|              |                                     |                           |                |
|              |                                     |                           |                |
|              |                                     |                           |                |
|              |                                     |                           |                |
|              |                                     |                           |                |
|              |                                     |                           |                |
|              |                                     |                           |                |
|              |                                     |                           |                |
|              | <del></del>                         |                           |                |
|              |                                     |                           |                |
|              |                                     |                           | ***            |
|              |                                     |                           |                |
|              |                                     |                           |                |
|              |                                     |                           |                |
|              |                                     |                           |                |
|              |                                     |                           |                |
|              |                                     |                           |                |
|              |                                     |                           |                |
| ···········  |                                     |                           | <del></del>    |
|              |                                     |                           |                |
|              |                                     |                           |                |
|              |                                     |                           |                |

| The date of each amendmen                             | t(s) adoption: April 18th, 2011   |
|---|---|
| Effective date <u>if applicable</u> :                 | (date of adoption is required) April 18th, 2011   |
|   | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                              | (CHECK ONE)   |
| ☑ The amendment(s) was/we was/were sufficient for app | re adopted by the members and the number of votes cast for the amendment(s) roval.  |
| There are no members or adopted by the board of dis   | members entitled to vote on the amendment(s). The amendment(s) was/were rectors.  |
| Dated_ 5/21/2   | 011   |
| Signature(  | C.D.J   |
| hav   | the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) |
|   | Erica Daniel  |
|   | (Typed or printed name of person signing)   |
|   | President   |
|   | (Title of person signing)   |