

111000004040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

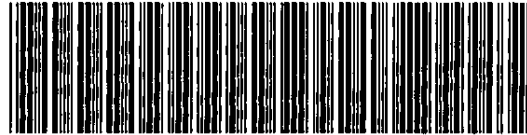
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE DOG LIBERATOR INC

DOCUMENT NUMBER: N11000004040

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GISELE M VEILLEUX

(Name of Contact Person)

THE DOG LIBERATOR INC

(Firm/ Company)

1957 LYNN RIVER DRIVE

(Address)

DELTONA, FL 32738

(City/ State and Zip Code)

the dog liberator@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GISELE M VEILLEUX

(Name of Contact Person)

at (407) 256-5960

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
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
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

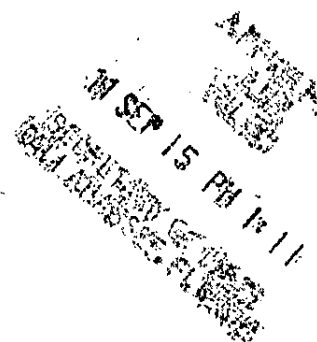
Articles of Amendment
to
Articles of Incorporation
of

THE DOG LIBERATOR, INC.

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

N11000004040

(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>	<u>Type of Action</u>
S, D	SANDRA SHINNER	1005 WHISPERING CREEK WA OSTEEN, FL 32764	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
T	KINGSLEY SHINNER	1005 WHISPERING CREEK WA OSTEEN, FL 32764	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
D	RON EVORY	925 FORT SMITH BLVD DELTONA, FL 32738	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

THE DOG LIBERATOR IS A NON-PROFIT ORGANIZATION DEDICATED TO RESCUING
HOMELESS AND ABANDONED DOGS, PRIMARILY DOGS FROM HIGH-KILL
SHELTERS AND OWNERS WHO CAN NO LONGER CARE FORM THEM. BY WORK-
ING WITH COMMITTED VOLUNTEERS, LOCAL VETERINARIANS, TRAINERS AND
FOSTER HOMES, THE DOG LIBERATOR IS ABLE TO RESCUE HUNDREDS OF DOGS
EVERY YEAR. THE DOG LIBERATOR'S RESCUED DOGS ARE FOSTERED IN A HOME
ENVIRONMENT WHICH ENABLES FOSTERS TO EVALUATE THE DOG'S TRUE
TEMPERAMENT, PROVIDE THEM WITH LOVING TEMPORARY CARE, AND FIND THEM
WELL-MATCHED, CAREFULLY SCREENED HOMES. THE DOG LIBERATOR ALSO
SERVES AS A RESORCE TO COMMUNITIES BY PROVIDING EDUCATION AND
INFORMATION ON RESPONSIBLE PET OWNERSHIP, INCLUDING THE IMPORTANCE
OF SPAY/NEUTER, POSITIVE BEHAVIOR TRAINING, AND GOOD NUTRITION.
THE DOG LIBERATOR'S RESCUED DOGS ARE EXAMINED, VACCINATED, MICRO-
CHIPPED, SPRAYED OR NEUTERED BEFORE THEY ARE RE-HOMED.

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. On the left side, there are two distinct dark, irregular smudges or marks, one near the top and one near the bottom, which appear to be ink or dirt. The rest of the page is clean and contains no other markings or text.

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

10

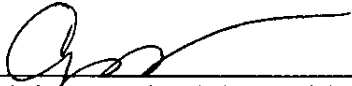
The date of each amendment(s) adoption: 9/12/11
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption 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 9-12-11

Signature 
(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)

GISELE M VEILLEUX
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)