N11000004929

_____
(Requestor's Name)

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(Address)

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(Address)

_____
(City/State/Zip/Phone #)

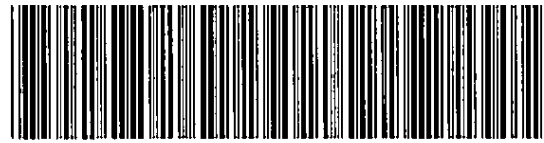☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: __Mastiff Rescue of FL, Inc.__

DOCUMENT NUMBER: __N11000004929__

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

Please return all correspondence concerning this matter to the following:

__Nancy Boehlke__

(Name of Contact Person)

__Mastiff Rescue of FL Inc__

(Firm/ Company)

__P.O. Box 2009__

(Address)

__Stuart, FL 34995-2009__

(City/ State and Zip Code)

__mastiffrescue1@gmail.com__

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

__Nancy Boehlke__ at __(407) 797-4117__

(Name of Contact Person)   (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 & ☒$43.75 Filing Fee & ☐$52.50 Filing Fee
                        Certificate of Status   Certified Copy   Certificate of Status
                                     (Additional copy is   Certified Copy
                                     enclosed)   (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

Mastiff Rescue of FL, Inc.

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

N11000004929

(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: Nancy Boehlke

9275 Salem Rd St. Cloud FL 34773

(Florida street address)

New Registered Office Address:

St. Cloud , Florida 34773
(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.

Nancy J. Boehlke

Signature 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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add X Remove	Treasurer	Alicia Keel	5210 Thonotosassa Rd. Plant City, FL 33565
2) ___ Change X Add ___ Remove	Treasurer	Marsha Newman	1691 Bomi Circle Winter Park, FL 32792
3) ___ Change ___ Add X Remove	Sec.	Cheryl Thacker	P.O Box 3002 Stuart, FL 34995
4) X Change ___ Add ___ Remove	Sec	Patience Cohn	2679 Key Largo Lane Ft. Lauderdale, FL 33312
5) ___ Change X Add ___ Remove	Director	Thom Maxwell	1878 Barrington Circle Rockledge, FL 32955
6) ___ Change X Add ___ Remove	Director	Rita Hazelwood	300 Higdon Road Jacksonville, FL 32234

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

_____

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The date of each amendment(s) adoption: _____, if other than the
date this document was signed.

Effective date if applicable: _____ May 10 2019 _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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   5/30/19 _____

Signature _____ Nancy J Boehlke _____
(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)

_____ Nancy J. Boehlke _____
(Typed or printed name of person signing)

_____ Vice President _____
(Title of person signing)