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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.

Account Number : I19990000015 Phone : (727)461-1111

Fax Number : (727)461-1111

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:			

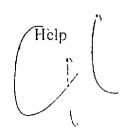
COR AMND/RESTATE/CORRECT OR O/D RESIGN ANIMAL SURVIVAL INTERNATIONAL, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu



To:

Articles of Amendment to Articles of Incorporation of

ANIMAL SURVIVAL INTERNATIONAL, INC.			
Name of Corporation as currently filed with the Florida	Dept. of State)		_
N11000005205			
(Document Num	ber of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Not	For Profit Corporation adopts the follow	ving
A. If amending name, enter the new name of the corpora	ntion:		
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorpora	The ited" or the abbreviation "Corp." or "In	
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>(`</u>)		
	•		
			È
C. Enter new mailing address, if applicable:			=
(Mailing address MAY BE A POST OFFICE BOX)		7) -	<u>၁</u>
			o
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office	fice address in Floric address:	a, enter the name of the	
Name of New Registered Agent:			
		Florida street address)	
New Registered Office Address:		PROTUG SILVER GUATESSY	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registere	d Agent:		
I hereby accept the appointment as registered agent. I am fo		pt the obligations of the position.	
	 		
S	Signature of New Regi	stered Agent, if changing	

From: Lisa Shuman ' Fax: 17274611111 To: Fax: (850) 517-6380 Page: 4 of 6 12/01/2023 9:31 AM

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: \underline{X} Change \underline{X} Remove \underline{X} Add	PT V SV	John Doc Mike Jones Sally Smith					
Type of Action (Check One)	Title	Name			<u>Addres</u> s	u_	2023 DEC
l) Change Add	D	ALLIS	SON TAYLOR SEVER	SON_	23424 PARK H CALABASAS,	CA 91302	 _ ;
X Remove						<u> </u>	AM VI: 38
2) Change Add						T.E.	မ
Remove 3) Change Add Remove		- 					
4) Change Add							
Remove					 		
5) Change Add							
Remove							
6) Change Add							
Remove							
E. If amending or addin (attach additional sheet							

Lisa Shuman	Fax: 17274611111	To:	Fax: (850) 617-6380	Page: 5 of 6	12(01)2023 9:31 AM
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The date of each date this docume	n amendment(s) adop nt was signed.	otion:			, if other than the
Effective date <u>if</u>	applicable:				
<u></u>		(no more than	90 days after amendment file date)		
Note: If the date document's effect	inserted in this block tive date on the Depa	does not meet the rtment of State's r	applicable statutory filing requirence ecords.	nts, this date will n	ot be listed as the
Adoption of Am	endment(s)	(CHECK O	NE)		
Adoption of Am		(CHECK O	<u>NE</u>) ers and the number of votes cast for th		

was/were sufficient for approval.

From: Lisa Shuman

Fax: 17274611111

To:

Fax: (850) 617-6380

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There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

November 15, 2023

Signature

Dated

(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)

GLORIA C DAVIES

(Typed or printed name of person signing)

President

(Title of person signing)

2023 DEC - | AM || 31