Division of Corporations

Page 1 of 1

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000075750 3))) -



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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)461-6430

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

Address	<u></u>					
	Address	Address:	Address:	Address:	Address:	Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN NETWORK FOR ANIMALS INTERNATIONAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H20000075750 3

## Articles of Amendment to Articles of Incorporation of

Control of the Contro	ently filed with the Florida Dept. of State)
N11000005208	
(Document Num	mber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stanumendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the followin
. If amending name, enter the new name of the corpora	ation:
	The nev
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable; Principal office address <u>MUST BE A STREET ADDRES</u> .	<u>s</u> )
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
and the second of the second	が シーラン
	on the second se
D. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent"	
	(Florida street address)
New Registered Office Address:	
New Registered Office Address:	, Florida
	(Florida street address)
New Registered Office Address:  New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f	(City) (Zip Code)  Agent: familiar with and accept the obligations of the position.

Page 1 of 4

H20000075750 3

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 X.Remove X. Add	PT John Doe  V Mike Jones SV Sally Smith	and great the second of the second
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	D Leslie Busby	via degli Etruschi 18
X Add		06060 Paciano (PG)
Remove		Italy
2) Change	D Brian D. Davies	744 Anchor Drive
X Add		Sanibel, FL 33957
Remove		
3) Change	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Add		The Control of the Co
Remove		100
4) Change		The second secon
Remove	·	
5) Change	<del></del>	· · · · · · · · · · · · · · · · · · ·
Add	· .	
Remove		
6) Change Add		· · · · · · · · · · · · · · · · · · ·
· Remove		<u></u> .

	Ť	ì
:	_	-
	7	ĭ
		ì

······	
<del></del>	·
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
· ·	
	in the second se
	· · · · · · · · · · · · · · · · · · ·
	Harris Marie M Marie Marie Ma
	<del>. To the second of the second</del>
	Page 3 of 4
	· · · · · · · · · · · · · · · · · · ·

## H20000075750 3

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will artment of State's records.	I not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s)	
There are no members or membadopted by the board of directo	ers emittled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated	2-3-20	<u>-</u> .
Signature	Mou Have	
have not bee	nam or vice chairman of the board, president or other officer-if directors in selected, by an incorporator — if in the hands of a receiver, trustee, or provinted fiduciary by that fiduciary)  Davies  (Typed or printed name of person signing)	F !! 20 MR -6
President	(Title of person signing)	MM 9:5

Page 4 of 4