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.

(((H23000202963 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.

C47	Address:			
tmall.	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

മാ

Electronic Filing Menu Corporate Filing Menu



Articles of Amendment to Articles of Incorporation of

NETWORK FOR ANIMALS INTERNATIONAL, INC.		
(Name of Corporation as currently filed with the Florida l	Dept. of State)	
N11000005208		
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profi</i>	1 Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
		Тhe пеw
name must be distinguishable and contain the word "corpora	tian" or "incorporated" or th	e abbreviation "Corp." or "Ingg"
"Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:	744 ANCHOR DRIVE	ae abbreviation "Corp." or "Ingg
(Principal office address MUST BE A STREET ADDRESS	SANIBEL, FLORIDA 3395	
		(P)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POST OFFICE BOX 631	ラ 第
	BARNSTABLE, MASSACH	HUSETTS 02630
	wing	
D. If amending the registered agent and/or registered offi-		the name of the
new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent:		
	(Florida stre	eet address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept the obli	igations of the position.
Si	gnature of New Registered Ag	ent, 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)

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	<u>V</u> <u>Mi</u>	n <u>n Doc</u> ke Jones Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	Addtess
1) Change Add			28-23
Remove 2) Change Add			
Remove 3) Change Add Remove			M 9: 54
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add	<u></u>		
E. If amending or addin (attach additional shee	og additional is, if necessar	Articles, enter change(s) here: (y). (Be specific)	

From: Lisa Shuman ' Fax: 17274611111

To:

Fax: (850) 617-6380

Page: 4 of 5

06/05/2023 3:17 PM

	114747			
		· · · · · · · · · · · · · · · · · · ·		
				
	s or			
			7.0	
			2023 JUN - 5	· - j
			1	
			5 S S S S S S S S S S S S S S S S S S S	
			<u> </u>	£
			STEP STEP	*******
	<u> </u>			
_				
The date	date of each amendment(s) as this document was signed.	loption:	, if other than	the
EM	ctive date <u>if applicable</u> :	(no more than 90 days after amendmen		
		(no more than 90 days after amendmen	t file date)	
Not doct	e: If the date inserted in this blo ament's effective date on the De	ck does not meet the applicable statutory filin partment of State's records.	g requirements, this date will not be listed as the	!
Ado	ption of Amendment(s)	(CHECK ONE)		
	The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of vot at.	es cast for the amendment(s)	

Dated

To:

21Bustrate

(By the chalman or vice chalman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, rustee, or other court appointed fiduciary by that fiduciary)

GLORIA C DAVIES

(Typed or printed name of person signing)

President

(Title of person signing)

