N11000006555

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FURRY NATIO	N SALVATION, INC.	
DOCUMENT NUMBER: N11000006555		
DOCUMENT NUMBER: NTTOOOOOSSS		
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
LAUREN E	BAGGERSON	
(Name of C	ontact Person)	
SPEEDWAY BOO	KKEEPING SERVICE	
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	ACH, FL 32114	· ·
(City/ State	and Zip Code)	
	e@hotmail.com for future annual report notificati	
E-mail address. (to be used	for future annual report normean	1011)
For further information concerning this matter, please of	eall: .	
LAUREN BAGGERSON	at (386)_258-8789	
(Name of Contact Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Department of	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 enclosed)	Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address	
Amendment Section : 12.7		
P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center (Circle
	Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



FURRY NATION SALVATION, INC. SECRETARY DE STATE (Name of Corporation as currently filed with the Florida Dept. of State) N11000006555 (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:

bbreviation "Corp." or "Inc." <u>"Company" o</u>	contain the word "corporation" or "Co." may not be used in the I	
Enter new principal office address, if apprincipal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
. If amending the registered agent and/or new registered agent and/or the new reg		rida, enter the name of th
. If amending the registered agent and/or new registered agent and/or the new registered agent: Name of New Registered Agent:		rida, enter the name of th
new registered agent and/or the new reg		

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>	Address	Type of Action
<u>D</u>	ROB HEER	2945 SUNSET DRIVE NEW SMYRNA BCH, FL 32168	☐ Add ☑ Remove
D	LISA KAROL CHAPMAN	2835 SUNSET DRIVE NEW SMYRNA BCH, FL 32168	☑ Add ☐ Remove
			☐ Add ☐ Remove
E. If amen (attach a	iding or adding additional Articles, ent additional sheets, if necessary). (Be spo	ter change(s) here: ecific)	
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment	t(s) adoption: 10/1/11
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☑ The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_10/1	/11
Signature	Jonia Lin Heer
(By hav	the chairman or vice chairman of the board, president or other officer-if director of not been selected, by an incorporator — if in the hands of a receiver, trustee, of the court appointed fiduciary by that fiduciary)
	TONJA LIN HEER
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)

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