## N1100000 7218

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## COVER LETTER

**TO:** Amendment Section Division of Corporations Trust Again Pet Shelter, Inc. NAME OF CORPORATION: N11000007218 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Patricia Mary Johnson (Name of Contact Person) Trust Again Pet Shelter, Inc. (Firm/ Company) 2646 Merle Langford Rd. (Address) Zolfo Springs, FL 33890 (City/ State and Zip Code) trishj117@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Patricia Mary Johnson 863-735-0252 (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

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy

Enclosed)

(Additional Copy is

## Articles of Amendment to Articles of Incorporation of

Trust Again Pet Shelter, Inc.		, , , , , , , , , , , , , , , , , , , ,	7. 31
(Name of Corporation as currently filed with the Flo	orida Dept. of State)		/- Ci;
N11000007218			
(Document	Number of Corporation (	if known)	<del>- · · · · · · · · · · · · · · · · · · ·</del>
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not	For Profit Corpo	pration adopts the followin
A. If amending name, enter the new name of the cor	rporation:		
n/a			TI
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	orporation" or "incorpor	ated" or the abbr	The nev eviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:	n/a		
(Principal office address MUST BE A STREET ADD		1.4	
	<del></del>		<u> </u>
			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	() <u>n/a</u>		
D. If amending the registered agent and/or registere	ed office address in Flor	ida enter the na	ne of the
new registered agent and/or the new registered o		inal circumstance	in or the
Name of New Registered Agent: n/a			
		(Florida street addre	255)
New Registered Office Address:			
n/a	_		, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and acc	cept the obligation	is of the position.
	Signature of New Re	gistered 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)

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 Do V Mike Jo SV Sally Sr	ones .	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	D	Jill Edgley	2646 Merle Langford Rd. Zolfo Springs, FL 33890
x Remove			
2) Change Add	<u>D</u>	Barry Roy Edglev	2646 Merle Langford Rd. Zolfo Springs, FL 33890
x Remove 3) Change x Add Remove	<u>D</u>	Danielle White	810 Shade Nook Cir Wauchula, Fl 33890
4) Change Add	<u>D</u>	Barbara Stevenson	718 Oak Forest Dr Wauchula, F1 33890
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		cles, enter change(s) here: (Be specific)	
n/a			
		A Prince Augustine	
			7.7

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The date of each amendment date this document was signed	s) adoption: 4/6/2020		<u></u>	, if other than the
Effective date <u>if applicable</u> :	4/6/2020			
	(no more than 90	days after amendmen	t file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the appet Department of State's record	plicable statutory filin rds.	g requirements, this o	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/w was/were sufficient for ap	re adopted by the members a proval.	and the number of vote	es cast for the amend	ment(s)

Dated 4/7/2020
Signature tafficia Mary phuson
(By the chairman or vice chairman of the loar), prysident 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
Patricia Mary Johnson
(Typed or printed name of person signing)

(Title of person signing)