N11000011051

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·	
(Ad	dress)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	ocument Number)		
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SECRETARY OF STATE

APPROVED AND FILED

C. LEWIS OCT. 10, 2013 EXAMINER



September 19, 2013

AMY KOCH 1238 SHIPLEY DRIVE NICEVILLE, FL 32578

SUBJECT: H.E.A.R.T. ANIMAL RESCUE INCORPORATED

Ref. Number: N11000011051

We have received your document for H.E.A.R.T. ANIMAL RESCUE INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 113A00022028

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	H.E.A.R.T AN	MAL RESCUE INCO	DRPORATED
DOCUMENT NUMB	N11000011051		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	AMY KOCH		
-		Name of Contact Person	1
-	1238 SHIPLEY DRIVE	Firm/ Company	
-	NICEVILLE FLORIDA	Address , 32578	
•		City/ State and Zip Cod	e
amy	s4furkids@yahoo.com	1	
-,,	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
AMY KOCH		850	687-4886
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address iment Section on of Corporations Building executive Center Circle assee, FL 32301

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	H.E.A.R.T.	Animal	Rescue Ir
DOCUMENT NUMBER:	0000 11051		
The enclosed Articles of Amendment and	fee are submitted for filing.		
Please return all correspondence concerning	ng this matter to the following:		
Am	Koch (Name of Contact		
HEART Anim	1al Rescue (Firm/Compa	Incorpora	trd.
1238 Ship	Drive (Address)		
Nicentle	(Address) FL 32578 (City/ State and Zing Furkids Cyange) (to be used for future annual response)	p Code)	
E-mail address For further information concerning this ma		eport notification)	
Amy Koch (Name of Contact Person)		50 <u>687-4</u>	886
(Name of Contact Person) Enclosed is a check for the following amo			etepnone Number)
☐ \$35 Filing Fee ☐\$43.75 F.	iling Fee & \$\sumsymbol{\Pi}\$\$\$43.75 Filing Fe of Status Certified Copy (Additional copy enclosed)	ee & \$\square\$\$ \$52.50 Filin Certificate o	f Status py
Mailing Address Amendment Section Division of Corporation P.O. Box 6327	s I	Street Address Amendment Section Division of Corporation Clifton Building	S

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation	
(Name of Corporation as currently filed with the Florida Dept. of State)	vated
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporatio</i> amendment(s) to its Articles of Incorporation:	m adopts the following
A. If amending name, enter the new name of the corporation:	
NIX	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviati "Company" or "Co," may not be used in the name.	on "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AFPROVED AND FILED 13 OCT 10 PH 4: 42 SECRETARY OF STATE TALLAHASSEE. FLORID
D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:	the CORIDA
Name of New Registered Agent:	N 4
(Florida street address) New Registered Office Address:	
, Florida	
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the second	the position.
Signature of New Registered Agent, if changing	

Page 1 of 4

. 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	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add	Dave Cummings	33 11th Street Shalimar FL 32579
Remove 2) Change Add	1) Danielle Massey	8015 Fox Itad Branch Nicerille H Trai
Remove 3) Change Add	U Nicole Clay	32578 135 Kipling Drive Crestview FL
Remove 4) Change		<u>32539</u>
Add Remove		
5) Change Add		
Remove 6) Change		
Add Remove		

		cles, enter chan (Be specific)				
	1/	J /X -				
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The date of each amendment(s) date this document was signed. Effective date if applicable:	Adoption: August 15, 2013 Avgust 15, 2013 (no more than 90 days after dmendment file date)	APPROVE AND FILED FILED 13 OCT TO PH 4: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Adoption of Amendment(s)	(CHECK ONE)	THE ATTASSEE, FLORIDA
☐ The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cast for the oval.	amendment(s)
There are no members or me adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) ctors.	s) was/were
Dated Signature	08 15 7013	
have not	airman of vice chairman of the board, president or other office been selected, by an incorporator – if in the hands of a receive art appointed tiduciary by that fiduciary)	
<i></i>	tmy Koch	
	(Typell or printed name of person signing)	
	(Title of person signing)	