N12000009145

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14 JAN 27 PH 2: 47



Amend

JAN 3 0 2014 T. CARTER

COVER LETTER

Division of Corporations ROYAL ANEMAL NAME OF CORPORATION: N12000009145 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person) FMA (RESCUE GMATIC, COM
(to be used for future annual report notification) For further information concerning this matter, please call: at (352) 287-0722 (Area Code & Daytime Telephone Number) ORFS WHITE
(Name of Contact Person) 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



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ROYAL ANIMA	(RESC	uc,	TIC.	14 JAN 2	7 Pil 2: 4
(Name of Corporation as currently	filed with the Flo	rida Dept. of	State)	•	
N12 60000 9	145				
	nent Number of Co	orporation (if l	known)		
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation		es, this <i>Florida</i>	a Not For Profit	<i>Corporatioп</i> adopts	the following
A. If amending name, enter the new nam	ne of the corporat	ion:			
					The new
name must be distinguishable and contain t "Company" or "Co." may not be used in t		tion" OF "inco	orporated" or the	abbreviation "Corp	
B. Enter new principal office address, if	applicable:				
(Principal office address <u>MUST BE A STI</u>	REET ADDRESS)			
					
C. Enter new mailing address, if applica					
(Mailing address <u>MAY BE A POST O</u>	FFICE BUX)				
		 			
D. If amending the registered agent and/	or reaistered offic	ce address in	Florida, enter th	e name of the	
new registered agent and/or the new			•		
Name of New Registered Agent:					
New Registered Office Address:		(Florida street ac	ddress)		
NEW NEGISIETEU OTILE AUUTESS.					
-	(City)	1	, Fl	orida	ladal
				(Zip C	oue)
New Registered Agent's Signature, if cha I hereby accept the appointment as register			d accent the oblid	nations of the position	on.
The second appointment at regions	agoin rainra	ITTOTAL	a accept the cong	and or me pooren	
	Signature of New	Registered Ac	nent 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	<u>V</u> <u>Mike</u>	Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)	PT	DORTS WHITE	7320 E. Agric CT. FLORAL CIT! FUN. 34436
2)	<u>D</u>	GAIL PISCUPU	DR. DUNALSONDILLE CA. 39845
3) _X_ Change Add Remove	\mathfrak{D}_{-}	MARY JANE GORION	72 50 E. Appil CT FLORAL CETY, FLA 34436
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

(attach additional	sheets, if necessary). (Be sp	ecific)		
BOARD	MFNUTES	ATTACI	4GD.	
		ė im.		
				
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		<u>, </u>		
		<u>.</u>		

The date of each amendment(s) adoption: JAN, 18, 2019 date this document was signed.	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(no more than 30 days after amendment me date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated JAN. 19, 2014	
Signature Cem While	
(By the chairman or vice chairman of the board, president 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)	
DORIS WHATE	
(Typed or printed name of person signing)	
X an Wall (Title of person signing)	