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COVER LETTER

ROYAL FRIFMAL RESCUE, INC. N 12000009145 NAME OF CORPORATION: 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) (Firm/ Company) (Address) (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address**

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

TO: Amendment Section

Division of Corporations

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

Articles of Amendment

to
Articles of Incorporation
$\mathcal{D}_{\alpha} \cap \Lambda \longrightarrow \mathcal{D}^{\text{of}}$
Proprieta Kesue, Inc.
(Name of Corporation as currently filed with the klorida Dept. of State)
NILUUUII
(Document Number of Corporation (if known)
(is all a series of the series
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
the state of the s
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)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent: Elizabeth Barry
11162 St I Da Wasti With
(Florida street address)
New Registered Office Address:
Weeki Wachee Florida 34613
, Horitan
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. Vam familiar with and accept the obligations of the position.
The Little M
Center of workey
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)

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.

	ŕ	•	
Example: X Change X Remove X Add	PT John E V Mike J SV Sally S	ones en	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>D</u>	GAIL PISCOPD	11493 EHKENWALD DR
Add		,	WEEKE WASHES, FLA
Remove			34613
2) Change		TONY PISCOPO	11493 GHREWIND DE
Add		·	WESKE WACHES, PC
✓ Remove			34613
3)Change	<u>D</u> E	SIZABETH FARLET BAG	WETT 11493 EHRENWALT DR
Add			WEEKT WACHEE, FLA
Remove			34613
4) Change	D D	PAID ANTHONY DELTSE	11493 EHRENWALD DR
$V_{\Lambda dd}$			WEEKI WACHEE, FLA
Remove			34613
5) Change	D A	ARLEY ELSZABETH BAR	IT 11493 EHRENWALD I
		,	WECKI WACHEL, FLA
Remove			34613
6) Change	<u>D</u>	DORF WHETE	
Add			WESTE WALKES, FL
Remove			34613

. If amending or adding additional Art	(Pourseife)
(attach additional sheets, if necessary).	(Be specific)
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	e date of each amendment(s) adoption: 30NE 30, 2017 if other than the this document was signed.
Eff	rctive date <u>if applicable</u> :
	(no more than 90 days after amendment file date)
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
Ada	option of Amendment(s) (CHECK ONE)
ď	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 $\frac{JUNE}{2}$ $\frac{30,2017}{2}$
	Signature Cingle & Sone W
	(By the confinan 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)
	(Typed or printed name of person signing)
	Title of person signing)