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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Howell's Angels Wildlife Rehabilitation and Rescue Inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Howell - President (Name of Contact Person)
Howells Angels Wildlife (Firm/Company)
1344 SWest Webraska Terrace
Fort White Florida 32038 (City/ State and Zip Code)
E-mail address: (to be used for future annual report nonffication)
For further information concerning this matter, please call:
Marie Howell at (386) 497 - 4271 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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 \$\sum \\$43.75 Filing Fee \& \sum \\$43.75 Filing Fee \& \sum \\$52.50 Filing Fee \& \cap \\$52.50 Filing Fee \\ \( \text{Certificate of Status } \) \( \text{Certified Copy } \\ \( \text{Certified Copy } \\ \( \text{Certified Copy is } \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
Mailing Address Amendment Section  Street Address Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of S Wild life Rehabilitation E Rescue Inc. 1 with the Florida Dept. of State)

(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:

me must be distinguishable and contain the v Company" or "Co." may not be used in the n	word "corporation" or "inco name.	rporated" or the abbreviation "Corp.	The nev ." or "Inc."
Enter new principal office address, if app Principal office address MUST BE A STREE			
			_
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			
(Mailing uturess MAT BE A POST OFFI	<u></u>		
			_ 50 C
		Florida, enter the name of the	13 DEC -6
If amending the registered agent and/or new registered agent and/or the new registered Agent:		Florida, enter the name of the	13 DEC -6 "
new registered agent and/or the new regi			13 DEC -6 ""
Name of New Registered Agent:	istered office address:		13 DEC -6 ""

Page 1 of 4

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.

Example:  X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	<u>ame</u>	Address
1) Change				
Add				
Remove				
2) Change		<b>_</b>		
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:	
(attach additional sheets, if necessary). (Be specific)	
Said organization is organized exclusive	ly for
Charitable, religious, educational, and Scientific purposes including for such the making of distributions to organiz that qualify as exempt organization Section 501 (c)(3) of the Internal	/
Scientific purposes including, for such	purposes
the making of distributions to organiz	zations
that qualify as exempt organization	ns under
Section 50/(c)(3) of the Interna	1 Revenue
Code or corresponding section of a	416
Code, or Corresponding section of a future federal tax code.	.7
<del></del>	

The date of each amendment(s) adopt date this document was signed.  Effective date if applicable:	ntion: Dd December 2013  (no more than 90 days after amendment file date)	, if other than the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes cast for the amendment(s)	
Dated  Signature  (By the chairmanave not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
<u> 70/70</u>	Typed or printed name of person signing)	
Presiden	yped of printed name of person signing)	
-	(Title of person signing)	