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| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATIO | ResQCats of Florida N: | | | |
|--------------------------------|---|--|--|--|
| DOCUMENT NUMBER: | 1300000300 | | | |
| _ | | | | |
| The enclosed Articles of Ame | endment and fee are subm | nitted for filing. | · | |
| Please return all corresponder | nce concerning this matte | r to the following: | | |
| Jeanine Cohen | | | | |
| | | (Name of Contact Persor | n) | |
| Director | | | | |
| | - | (Firm/ Company) | • " | |
| 4220 Waterville Ave | | | | |
| • | | (Address) | | |
| Wesley Chapel Fl 33543 | | | | |
| | | (City/ State and Zip Code | e) | |
| jeaninecohen@gmail.com | | | | |
| E- | mail address: (to be used | for future annual report i | notification) | |
| For further information conce | rning this matter, please | call: | | |
| Jeanine Cohen | | 813 at | 3-625-2405 | |
| (| Name of Contact Person) | | rea Code) (Daytime Telephone Number) | |
| Enclosed is a check for the fo | llowing amount made pay | yable to the Florida Depa | artment of State: | |
| ☐ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) | |

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

Street Address

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

Articles of Amendment to Articles of Incorporation of



2016 OCT 21 PM 4: 40

| (Name of Corporation | as currently filed with the Flo | rida Dept. of State) |
|--|---|--|
| n13000003000 | | |
| (Docum | ent Number of Corporation (if l | nown) |
| Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation: | ida Statutes, this <i>Florida Not F</i> o | or Profit Corporation adopts the following |
| A. If amending name, enter the new name of the | corporation: | |
| Rescue Cats of Florida | | The new |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the name | "corporation" or "incorporate | d" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL | | |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE E</u> | <i>BOX</i>) | |
| D. If amending the registered agent and/or regisnew registered agent and/or the new registered | | enter the name of the |
| Name of New Registered Agent: | | |
| | 6957 East Fowler Ave | |
| , and the second se | (F | lorida street address) |
| New Registered Office Address: | _ | - 21 10 |
| | Tampa | Florida 33617 |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent | | the obligations of the position. |
| | Signature of New Regis | tered 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 Do Mike Jo Sally Sn | <u>nes</u> | |
|-----------------------------------|------------------------------------|--------------------------------|------------|-----------------|
| Type of Action (Check One) | Title | | Name | <u>Addres</u> s |
| 1) Change | | _ | | |
| Add Remove | | | | |
| 2) Change | | _ | | |
| Add Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| 4) Change | | | | |
| Add Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change Add | | _ | | |
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| attach additional sheet | s, if necessary). | (Be specific) | | | | | |
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| The | e date of each amendment(s) adop | tion: | if | other than the |
|------|--|--|-------------------------|----------------|
| date | e this document was signed. | | HALLOW OF E | Harot Killing |
| Eff | ective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | 2016 OCT 21 | PH 4: 4() |
| | te: If the date inserted in this block nument's effective date on the Depart | does not meet the applicable statutory filing requirements, the tment of State's records. | is date will not be lis | sted as the |
| Ado | option of Amendment(s) | (CHECK ONE) | | |
| | The amendment(s) was/were adop was/were sufficient for approval. | ted by the members and the number of votes cast for the ame | ndment(s) | |
| | There are no members or member adopted by the board of directors | s entitled to vote on the amendment(s). The amendment(s) w | ras/were | |
| | have not been | n or vice chairman of the board, president or other officer-if calected, by an incorporator – if in the hands of a receiver, tru olnted fiduciary by that fiduciary) | | |
| | Jeanine Col | (Typed or printed name of person signing) | | |
| | | | | |
| | Director | | | |
| | | (Title of person signing) | | |