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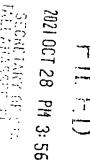
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section Division of Corporations

| Rescue Cats on NAME OF CORPORATION: | of Florida, Inc. | | | |
|--|---------------------------|-------------------------|---|-------------|
| N13000003000 | | | | |
| DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Amendment and fee a | are submitted for filing. | | | |
| Please return all correspondence concerning th | is matter to the followin | g: | | |
| Jeanine Cohen | | | | |
| | (Name of Conta | ct Person) | | |
| Jeanine Cohen, P.A. | | | | |
| | (Firm/ Com | pany) | | |
| 4220 Waterville Ave | | | | |
| | (Addres | s) | | |
| Wesley Chapel FI 33543 | | | | |
| | (City/ State and | Zip Code) | | |
| jeaninecohen@gmail.com | | • | | |
| E-mail address: (to | be used for future annua | l report notific | ation) | |
| For further information concerning this matter. | . please call: | | | |
| Jeanine Cohen | | 813 at | 625-2405 | |
| (Name of Contact | Person) | | le) (Daytime Telephon | e Number) |
| Enclosed is a check for the following amount i | nade payable to the Flor | rida Departmen | t of State: | |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of \$ | | y Cl opy is Co (A | (2.50 Filing Fee ertificate of Status ertified Copy additional Copy is nelosed) | |
| Mailing Address Amendment Section | | Street Addre | | |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED
2021 OCT 28 PM 3: 56
SECRETARY OF STATE

| Rescue Cats of Florida, Inc. | | TALLAHASSES STATE |
|---|----------------------------|---|
| Name of Corporation as currently filed with the Flori | ida Dept. of State) | |
| (Document N | umber of Corporation (if | known) |
| Pursuant to the provisions of section 617.1006. Florida Stamendment(s) to its Articles of Incorporation: | atutes, this Florida Not F | For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corp | oration: | |
| Rescue Pets of Florida, Inc. | | The new |
| name must be distinguishable and contain the word "cory "Company" or "Co," may not be used in the name. | noration" or "incorporate | |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u> | ESS) | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered off | | a, enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address; | (| Florida street address) |
| | _ | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a | | ot the obligations of the position. |
| | Signature of New Regi | stered 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 Doc Mike Jones Sally Smith | |
|--|------------------------------|---|----------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change Add | | | |
| Remove | | | |
| 2) Change Add | _ | | |
| Remove Change Add Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or addir (attach additional shee | g additions, if nece | onal Articles, enter change(s) here: essary). (Be specific) | |
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| The date of each amendment | s) adoption: | | , if other than the |
| date this document was signed. | | | |
| | November 8, 2021 | | |
| Effective date <u>if applicable</u> : | | | |
| | (no more than 90 days a) | ter amendment file date) | |
| | s block does not meet the applicable e Department of State's records. | statutory filing requirements. | this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| The amendment(s) was/w was/were sufficient for ap | ere adopted by the members and the proval. | number of votes cast for the a | mendment(s) |

| | 10-26-21 |
|-----------|---|
| Dated | |
| Signature | |
| | (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) |
| | |
| | other court appointed fiduciary by that fiduciary) |