

N 13000004082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

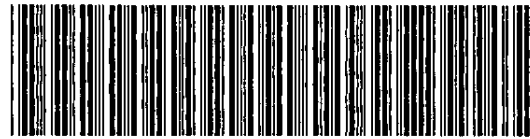
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Carleen
Brower
gave permission to
correct doc.
9-20-13
DL

Office Use Only



700251526497

09/11/13--01017--016 **35.00

RECEIVED
SECRETARY OF STATE
13 SEP 11 PM 3:19

FILED

Abrerd.
9-20-13
DL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Dog And Animal Rescue Inc
DOCUMENT NUMBER: U13000004082

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARMEN Brower
(Name of Contact Person)

Florida Dog And Animal Rescue Inc.
(Firm/ Company)

623-47 ave NORTH
(Address)

St Petersburg Fla 33703
(City/ State and Zip Code)

CarmenCam2004@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARMEN Brower at 727, 692-2806
(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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

Florida Dog & Animal Rescue Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N13000004082

(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:

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.

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: _____

(Florida street address)

New Registered Office Address:

(City)

_____, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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:

| | | |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input checked="" type="checkbox"/> Add | <u>SV</u> | <u>Sally Smith</u> |

Type of Action
(Check One)

Title

Name

Address

- 1) ☐ Change Director Krista Mario 11743 Semmole Dr.
☐ Add New Port Richey FL 34654
☒ Remove
- 2) ☐ Change Treasurer KAREN MYERS 11199 Village Green Ave
☒ Add Semmole, FL 33772
☐ Remove
- 3) ☒ Change Vice President KATE CARR 14890 - 63rd Street North
Med Co Director From Medical Director to Vice President Cleawater, FL 33760
☒ 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)

* Please Change KATE CARR to
Vice-president and Medical
Director.

The date of each amendment(s) adoption: 9-4-2013, if other than the date this document was signed.

Effective date if applicable: 9-4-2013
(no more than 90 days after amendment file 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 9-4-2013
Signature Carmen Brewer - President
(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)

Carmen Brewer
(Typed or printed name of person signing)
President
(Title of person signing)