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(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone #	<u> </u>
(0)1	yrotaterzipri none #	,
PICK-UP	☐ WAIT	MAIL
		
(Bu	siness Entity Name)	
(Do	cument Number)	
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Certified Copies	_ Centificates of	Status
Special Instructions to	Eiling Officer	
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And

R. WHITE SEP 12 2018 2018 SEP 10 PM 12: 41
SECRETARY OF STATE
TALLAHASSEE, FL



COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

VIP RESCUE OF ON NAME OF CORPORATION:	CENTRAL FLORID	A INC	
N13000011140 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub			
Please return all correspondence concerning this matte	er to the following:		
PAMELA PEARSON			
	(Name of Contact P	erson)	
VIP RESCUE OF CENTRAL FLORIDA INC			
	(Firm/ Compan	y)	
PO BOX 940862			
	(Address)		
MAITLAND, FL 32794			
	(City State and Zip	Code)	
pamvip@cfl.rr.com			
E-mail address: (to be used	for future annual re-	ort notification	1)
For further information concerning this matter, please	call:		
PAM PEARSON	at	407	619-3323
(Name of Contact Person	·····		(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida	Department of t	State:
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee Certified Copy (Additional copy in enclosed)	C erti f s Certif	D Filing Fee icate of Status icd Copy itional Copy is escd)
Mailing Address Amendment Section		reet Address nondment Secti	On
Division of Corporations		vision of Corpo	

Clifton Building

2661 Executive Center Circle Tallahassec, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

VIP RESCUE OF CENTRAL FLORIDA INC

2018 SEP 10 PM 12: 41

(Name of Corporation	as curren	tly filed with the Flor	da Dept. of State)
N13000011140			SECRETARY OF STATE TALLAHASSEE, FL
(Досшт	ent Numb	cr of Corporation (if kr	own)
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not Fo</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporat	ion:	
N/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		tion" or "incorporated	
B. Enter new principal office address, if applical	hie:	N/A	
(Principal office address MUST BE A STREET A)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	B <i>OX</i>)	PO BOX 940862	
		MAITLAND, FL 327	94
D. If amending the registered agent and/or regis			enter the name of the
new registered agent and/or the new register	<u>-</u>	ddress:	
Name of New Registered Agent:	N/A		
New Parintened Office Address.		(Flo	orida street address)
New Registered Office Address:	AL/A		
	N/A		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing R			
hereby accept the appointment as registered agent	t. I am fai	miliar with and accept	the obligations of the position.
_		. 2.2	
	S	ivnature of New Registe	ered 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)	Title	Name	Address
1) Change	V	CINDY LOMAN	PO BOX 940862
X Add			MAITLAND, FL 32794
Remove			
2) Change	D	ANN REED	PO BOX 940862
X			MAITLAND, FL 32794
Remove	SD	HELENA SANDERS	813 CHERITON ST
3) X Change Add			DELTONA, FL 32725
Remove			
4) Change			
Remove			
5) Change			
5) Change Add	***************************************		
Remove			
6) Change			
6) Change Add	<u>.</u>		
Remove			

E. If amending or adding additional Articular (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	
Gardyn de Santon Contraction C	
,	

The	, if other than the	
date	his document was signed.	
Effe	tive date if applicable:	
	(no more than 90 days after amendment file date)	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	sted as the
Add	otion of Amendment(s) (CHECK ONE)	
5	The amendment(s) was/were adopted by the members and the number of votes east 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 $8/10/2018$	
	Signature Lamba Dublor	
	(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)	
	PAMELA PEARSON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	