N14000000111

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	.
(Ci	ity/State/Zip/Phone	e #)
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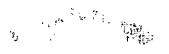
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2018 FEB 26 PH 3: 2

FEB 27 2018 CMCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations



2018 FEB 26 PA 3: 28

TAMPA BAY HOUSE RABBIT RESCUE INC. NAME OF CORPORATION:
N14000000111
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
STEFANIE M. FABER
(Name of Contact Person)
TAMPA BAY HOUSE RABBIT RESCUE INC.
(Firm/ Company)
3402 MAGENTA WAY APT. 9
(Address)
BRANDON, FL 33511-8136
(City/ State and Zip Code)
INFO@TBHRR.ORG
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STEFANIE M. FABER 813 610-7169
(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 \$\Bigcup \\$43.75 Filing Fee \$\Bigcup \\$43.75 Filing Fee \$\Bigcup \\$52.50 Filing Fee \$\Bigcup \\$64 Certificate of Status \$\Bigcup \\$64 Certified Copy \$\Bigcup \\$64 Certif

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



2010 FEB 26 PH 3: 26

TAMPA BAY HOUSE RABBIT RESCUEING.		Edit (LO Z O T F)
(Name of Corporation as of	currently filed with the Flori	ida Dept. of State)
N14000000111		
(Document	Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	r Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Fl	orida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regit the appointment as registered agent.		the obligations of the position.
	Signature of New Regist	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>V</u> <u>Mi</u>	nn <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	CHRISTINE A. HIGHT	15447 GREENWOOD AVE.
Add			PORT CHARLOTTE, FL 33981
X Remove			
2) X Change	<u>s</u>	DIANA E. KITHCART	2138 ARROWGRASS DR.
Add			UNIT 204
Remove			WESLEY CHAPEL, FL 33544
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)			
N/A				
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	02/17/2018	
The date of each amend	ment(s) adoption:	, if other than the
date this document was si	gned.	
	02/17/2018	
Effective date if applical		
	(no more than 90 days after amendment file date)	
Note: If the date inserted document's effective date	In this block does not meet the applicable statutory filing requirements, this date will on the Department of State's records.	not be listed as the
Adoption of Amendmen	t(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were sufficient if	vas/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
There are no membe adopted by the board	ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
Oated _	02/21/2018	
	Stefanie M. Jaber	
Signature _		
h	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)	
	STEFANIE M. FABER	
	(Typed or printed name of person signing)	
	PRESIDENT	·
	(Title of person signing)	