## N14000002408

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SECRETARY OF STATES

MAY 31 2017 MCNAIR

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** Wildlife Alert Reward Association, Inc. NAME OF CORPORATION: N14000002408 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sara Burke (Name of Contact Person) Wildlife Alert Reward Association, Inc. (Firm/ Company) 620 S Meridian St (Address) Tallahassee, FL 32399 (City/ State and Zip Code) sara.burke@myfwc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 850 617-9595 Sara Burke (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

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

(Additional Copy is Enclosed)

## Articles of Amendment to Articles of Incorporation of

Wildlife Alert Reward Association, Inc.

Than to Mark the Ward Proposition, The		
(Name of Corporation as curr	rently filed with the Flo	rida Dept. of State)
N14000002408		7
(Document Nu	mber of Corporation (if l	(nown)
Pursuant to the provisions of section 617.1006, Florida Statementment(s) to its Articles of Incorporation:	tutes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	rat <u>ion:</u>	
N/A		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporate	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES	(22	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office		, enter the name of the
Name of New Registered Agent:	Virginia Broch	۲
		Norida street address)
New Registered Office Address:		
N/A		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agent. I am		t the obligations of the position.
	/·: · /	3. 1
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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: X Change X Remove X Add	V Mil	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	VP	Alfred Hammond III	620 S Meridian St
Add			Tallahassee, FL 32399
X Remove			
2) Change	VP	Edward A. Boyd, Jr	620 S Meridian St
X Add			Tallahassee, FL 32399
Remove			
3)Change	M	Rex Wimberly	620 S Meridian St
Add			Tallahassee, FL 32399
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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•	May 5, 2017	
Fhe date of each amendment(s) ad		, if other than the
late this document was signed.	•	
_ ·	5, 2017	
Effective date <u>if applicable</u> :	3, 2017	
meenve date <u>it applicable</u> .	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this blo	ck does not meet the applicable statutory filing requirements, this date will r	not be listed as the
locument's effective date on the De		
soument beneative date on the 150	parament of black of booking.	
Adoption of Amendment(s)	(CHECK ONE)	
•	·	
■ The amendment(s) was/were ac	dopted by the members and the number of votes cast for the amendment(s)	
was/were sufficient for approva		
There are no members or members	pers entitled to vote on the amendment(s). The amendment(s) was/were	
adopted by the board of director		
adopted by the obard of an obt	7101	
مبر		
Dated 5 -	- <i>12 - 1</i> 7	
)		
./`	• • •	
Signature V	ina Brich	
	man or vice chairman of the board, president or other officer-if directors	
	en selected, by an incorporator – if in the hands of a receiver, trustee, or	
	appointed fiduciary by that fiduciary)	
omer court	appointed reducting by that reducting)	
Virginia	Dunal	
virginia	DIUCK	
	(Typed or printed name of person signing)	
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Presiden	1	
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<del></del>	(Title of person signing)	
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