# 111100000 4430

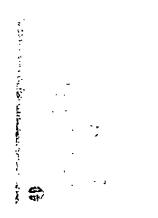
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Office Use Only



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#### COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Fawn's Family Small Dog Rescue, Inc. N14000004430 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call:

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 &

Certificate of Status

Certified Copy (Additional copy is enclosed)

□\$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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# Articles of Amendment to Articles of Incorporation of

- 1 4	01
Fawn's Family Small Dog	Rescue, Inc.
(Name of Corporation as currently filed with the Florida	Dept. of State)
N14000004	430
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:
Fawn's Small Dog Rescue	The new
name must be distinguishable and contain the word "corpora	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	0 1 1
B. Enter new principal office address, if applicable:	2606 Cauley Lane
(Principal office address MUST BE A STREET ADDRESS	, Jacksonville FL 32218
	Jacksonville FL 32218
C. Enter new mailing address, if applicable:	21-01 Coulou Lane
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	2006 Chiry Fuil
	2606 Cauley Lane Jacksonville FL: 32218
	•
D. If amending the registered agent and/or registered off	ice address in Florida, enter the name of the
new registered agent and/or the new registered office	
W CV B W TOW	in American
Name of New Registered Agent: 100	
2100	06 Cauley Lane
Vivi Professor LOG of Allegan	(Florida street address)
<u>New Registered Office Address:</u>	17
$\bot$ a	CKSOVIIL Florida 32218
	(Čity) (Zip Code)
New Registered Agent's Signature, if changing Registered	1 Agent:
I hereby accept the appointment as registered agent. I am fa	imiliar with and accept the obligations of the position.
~	
$\mathcal{L}$	um ( londesson)
	ignature 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	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	P/CFO Director	Dawn Anderson	2606 Cauley Lane Jacksonville FL 32218
Remove  2) Change Add	<u> </u>	Samantha Bacon	720 West Street Jacksonville FL 32204
Remove 3) Change Add	9_	Linda Herman	27 Theodore Drive Coram Ny 11727
Remove 4) Change Add	P/CFO Director	Kimberly Baldridge	411 Polk Ave Orange Park FL 32065
Remove  5) Change Add	<u> </u>	John Baldridge	411 Polk Ave Drange park F1 32065
Remove 6) Change Add	5_	Stephanie Felt	139 Sorre   Street middle burg FL 32068
Remove  E. If amending or ad (attach additional s		ticles, enter change(s) here: (Be specific)	

	=			
	-			
			·	
• •				
				_ <del>.</del>
		_		
The date of each amendment(s) adoption:date this document was signed.	n		<u>-</u>	, if other than the
Effective date <u>if applicable</u> :		ifter amendment fi	I. I.A.A	
(no m	ore man 90 days (	ijier amendment fi	ic aatej	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 July 28, 2024
Signature (By the chairman or yee 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)
Kimberly Baldridge (Typed or printed name of person signing)
President/CFO/Director (Title of person signing)

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Fawn's Family Small Dog Rescue, Inc.				
DOCUMENT NUMBER: N 14 00000 44 30				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
# Dawn Anderson				
(Name of Contact Person)				
Fawn's Small Dog Rescue, Inc.				
(Fifm/ Company)				
2606 Cauley Lane				
(Address)				
Jacksonville FL 32218 (City/ State and Zip Code)				
(City/ State and Zip Code)				
Fawns Small Dog rescue, org				
For further information concerning this matter, please call:				
Dawn Anderson a 904.651.4487				
(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:				
S35 Filing Fee S43.75 Filing Fee & Certificate of Status  Certificate of Status  (Additional copy is enclosed)  S43.75 Filing Fee & Certificate of Status  (Additional copy is Enclosed)				

## Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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