## N140000008633

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Panhandle Box and Rotts Rescue Inc. DOCUMENT NUMBER: N140000 8633 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jonathan L. Lawson (Name of Contact Person) Panhandle Box and Rotts Rescue Inc. (Firm/ Company) 6093 Judy Drive (Address) Milton, FL 32570 (City/ State and Zip Code) panhandleboxandrottsrescue@gmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jonathan L. Lawson at ( 850 (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 ■ \$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) (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

Pankandlo Box	And Rotts Rose	suc I	nC.
(Name of Corporation as currently filed with the			
	N14000008633	Š	
(Document Number	of Corporation (if known)		
	•		
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For Profit Corpora</i>	tion adopts the fo	ollowing
A. If amending name, enter the new name of the corp	ogration:		
		,	The new
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbrevio		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)		
		· · · · · · · · · · · · · · · · · · ·	S S
C. Enter new mailing address, if applicable:			유 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			
			8 CS CS
			RES SE
		<del></del>	RATE RATE
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		of the	80 X
new registered agent and/or the new registered of	nce address.		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	(Florida street address)		
	T1		
	, Florida (City)	(Zip Code)	
		(Esp code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It		f the position.	
Signature of	New Registered Agent, if changing		

Page 1 of 4

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 Mike	Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	VP	Dotti Brightman	7027 Horvest Way Milton, FL 32570
2) Change Add	<u>vp</u>	Timothy Bachimi	4685 Evelyn Street Milton, FL 32571
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove	<del></del>		
6) Change Add Remove	<del></del>		

	(Be specific)
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	<del></del>
	No. and

The	: date of each amendment(s) ado			, if other than the
date	this document was signed.		(LV r	- .c
Effe	ective date if annlicable:		SECRETARY OF STAT	เดิมร
		(no more than 90 days after amendm	ent file date) IVISION	29
Ado	option of Amendment(s)	(CHECK ONE)		
□	The amendment(s) was/were add was/were sufficient for approval.	pted by the members and the number of vo	otes cast for the amendment(s)	
Ø	There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). Ts.	he amendment(s) was/were	
	Dated 18/3/8	014		
	Signature	522		_
	have not been	an or vice chairman of the board, presider i selected, by an incorporator – if in the ha pointed fiduciary by that fiduciary)		
	-Joresty	o L. Lausson		
	(	Typed or printed name of person signing)		
	<u>treside</u>	0+		
		(Title of person signing)		