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Division of Corporations
NAME OF CORPORATION: CHARMENS HUrse and Animal Rescuse In
DOCUMENT NUMBER: N 40000 9352
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CARmen Ruschy Brown (Name of Contact Person)
CArmens Hors Rand Annal Pescuetric
7001-33Rd Street Worth
St Peter Fla 33-702 (City/ State and Zip Code) Campen Cam 204 @ Jaha Cam
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at (727) 692-2806 (Area Code & Daytime Telephone Number)
Enclosed is a sheck for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation of
(Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State)
101400009352
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SI On Me TI OFFICE
J PESC. +1.35162
· ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) TWI- 35 Rd Street N Street N
32-107
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent: CArmen Rosaly Bruter SAme Before
701-3301 Sto 11: 5:00 500
(Florida street address)
New Registered Office Address:
Florida BB702
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Page 1 of 4

Signature of New Registered Agent, if changing

SECRETARY OF STATE OF

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:	Jones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	President		Jui-Sird street mit There F1.33702
2) Change Add	Vike precident	Kilisa E. Murio	11743-Semnole Dr. New Port Richa Fla
Remove 3) Change Add			34654
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

(attach additional sh	ling additional Arti eets, if necessary).	(Be specific)			
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The date of each amendment(s) adoption: \\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, if other than the
Effective date if applicable: 10-7, 2014 (no more than 90 days after amendment file date)	_ _
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 2-H-2014	
Signature (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)	
CARmen Rusaly Bruser	
(Typed or printed name of person signing) OVESICLE +	
(Title of person signing)	