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2017 AUG -9 PH 4: 4-8

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: FIRMS	of the Ec	com	ba County	Anin
DOCUMENT NUMBER:	·	(F	OTECAS)	
The enclosed Articles of Amendment and fee are subr	mitted for filing.			
Please return all correspondence concerning this matte	er to the following:			<b></b>
Laura Booth				2817 AUG
	(Name of Contact Per	son)		- SO C
Fateras				: -
	(Firm/ Company)			==
Po Box 11553				45 12: 1-13
	(Address)			
Pençarola FL 32	554 (City/ State and Zip Co	ode)		
ecas friends a amail	for future annual repo	rt notification	on)	
For further information concerning this matter, please	call:			
Lawa Booth (Name of Contact Person		<u>856~</u> Area Code)	529-1003 (Daytime Telephone Nu	
Enclosed is a check for the following amount made pa	,	,		inioei /
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & Certificate of Status	_	. □\$52. Cert Cert (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divi	et Address indment Sec sion of Corp on Building	porations	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation of

Franch of the Eggan	to County Animal rently filed with the Florida Dept. of State)	Shelter
(Name of Corporations See	retiry med with the Floridga Dept. of State)	1
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation;	tutes, this Florida Not For Profit Corporation ad	**
A. If amending name, enter the new name of the corpo	ration:	SIN AUG
NA		l he new
name must be distinguishable and contain the word "corp- "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "	Corp." or "Inc."
B. Enter new principal office address, if applicable:	170	
(Principal office address MUST BE A STREET ADDRE	<u>SS</u> )	<u>.</u>
		<del></del>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office		
Name of New Registered Agent: UT	Δ	
<del></del>	(Florida street address)	<del> </del>
New Registered Office Address:		
_ (	(City), Florida	NW
	(City) (Zip C	ode)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		osition.
	Signature of New Registered Agent, if changing	
	Signature of New Registered Agent, if changing	<del>_</del>

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 D           V         Mike Je           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	<b>E</b>	Lori Eddina	Contonment FL 32533
2) Change Add	<b>€</b>	Dirk Heseman	5063 Yestoroaks F Ferracola FL 356021
X Remove  3 ) Change  X Add  Remove	OFFICER	Michelle Hoffman	3006 Wallace Lake Pace Fl 32571 Rd
4) Change Add Remove	<del></del>		
5) Change Add	<del></del>		
Remove 6) Change Add			
Remove			

L. If amending or additional sheet	ets, if necessary).	(Be specific)					
NA							
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date t	this document was signed.
Effec	ctive date if applicable: July 15 <sup>th</sup> 2017 (no more than 90 days after amendment file date)
	in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
Adop	ption 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 8/7/17
	Signature Tauch Poots
	(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)
	Laura Booth
	(Typed or printed name of person signing)
	President / Founder (Title of person signing)