

09/09/2015

46 Robinson Accounting Services

(FAX) 850 769 0269

09/01/09

Division of Corporations

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# N15000008298

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000217474 3)))



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 SEP -9 AM 11:06

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : ROBINSON ACCOUNTING SERVICE  
Account Number : I20030000126  
Phone : (850) 769-2331  
Fax Number : (850) 769-0269

RECEIVED

15 SEP -9 PM 4:53

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
CRAZY CAT LADIES ANIMAL RESCUE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

*Amend*

SEP 10 2015

I ALBRITTON

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Corporate Filing Menu

Help

Fax Audit No: (((H15000217474 3)))

COVER LETTERTO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CRAZY CAT LADIES ANIMAL RESCUE, INC.

DOCUMENT NUMBER: N15000008298

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL ROBINSON

(Name of Contact Person)

ROBINSON ACCOUNTING SERVICE

(Firm/ Company)

2335 E. BALDWIN ROAD

(Address)

PANAMA CITY, FL 32403

(City/ State and Zip Code)

ROBINSONACCTG@KNOLOGY.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL ROBINSON

850

769-2331

(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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314Street Address  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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Articles of Amendment  
to  
Articles of Incorporation  
of

CRAZY CAT LADIES ANIMAL RESCUE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N1500008298

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* 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:

421 JENKS AVE #857

(Principal office address MUST BE A STREET ADDRESS) PANAMA CITY, FL 32401C. Enter new mailing address, if applicable:

PO BOX 857

(Mailing address MAY BE A POST OFFICE BOX)

PANAMA CITY, FL 32402

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:New Registered Office Address:

(Florida street address)

(City)

Florida

(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.

Signature of New Registered Agent, if changing

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>BRUZEK, SHANNON</u>	<u>PO BOX 857</u>
<input type="checkbox"/> Add			<u>PANAMA CITY, FL 32402</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>HADDLE, TABATHA</u>	<u>PO BOX 857</u>
<input type="checkbox"/> Add			<u>PANAMA CITY, FL 32402</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>MALONEY, MAGGIE</u>	<u>PO BOX 857</u>
<input type="checkbox"/> Add			<u>PANAMA CITY, FL 32402</u>
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>ANDERSON, RACHEL</u>	<u>PO BOX 857</u>
<input type="checkbox"/> Add			<u>PANAMA CITY, FL 32402</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>D</u>	<u>RICHARDSON, DEBBIE</u>	<u>PO BOX 857</u>
<input checked="" type="checkbox"/> Add			<u>PANAMA CITY, FL 32402</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

[illegible]

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SEPTEMBER 9, 2015

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: SEPTEMBER 9, 2015

(no more than 90 days after amendment file date)

**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.

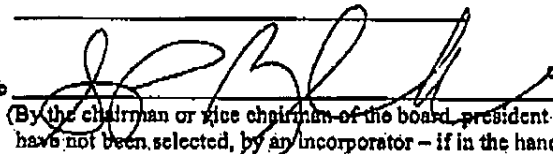
Adoption of Amendment(s)

**(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 SEPTEMBER 9, 2015

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)

SHANNON BRUZEK

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)