N 150000 12/42

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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Amend

COVER LETTER

Division of Corporations 15000012142 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Address) For further information concerning this matter, please call: (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ID \$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

Mailing Address

TO: Amendment Section

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

Enclosed)

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

Castaccine on Anim	WI REXCUE EL	Cont Tax	
(Name of Corporation as currently filed with the	<u> </u>		-
N15000012142			
(Docum	nent Number of Corporation (if k	nown)	_
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the follow	ing
A. If amending name, enter the new name of the	corporation:		
		The n	eru:
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name			
B. Enter new principal office address, if applical	ble:		
(Principal office address MUST BE A STREET A)			
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	100	
,			
D. If amending the registered agent and/or registered agent and/or the new registered		, enter the name of the	-
Name of New Registered Agent:			
Name of New Registered Agem.			_
		lorida street address)	_
New Registered Office Address:	''	The same of the control of the contr	
		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing R	legistered Agent:		
Thereby accept the appointment as registered agent	t. I am familiar with and accept	the obligations of the position.	2
			20 JAN
_			_
	Signature of New Regist	ered Agent, if changing	ģ
			20
	Page 1 of 4		Ϋ́
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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: X.Change X.Remove X.Add	<u>V</u> <u>Mik</u>	<u>n Doe</u> te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change Add		Christine Hanne	159 W Herring Cock
X Remove 2) Change Add	_5_	Dannie	1820 NW 36 SKEET CEKDING PACK FL 333CR
X Remove Change Add Remove			,
4) Change Add	SV	Ray Pohlod	1930 NW 33 Street Oakland Pack, IT 33307
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove E. If amending or add (attach additional sh		Page 2 of 4 Articles, enter change(s) here: (Be specific)	
			· · · · · · · · · · · · · · · · · · ·
		·	

Page 3 of 4
The date of each amendment(s) adoption: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
date this document was signed.
The date of each amendment(s) adoption: DECEMBET 31, ZO19, if other than the date this document was signed. Effective date if applicable: Danuary 1, ZO20 (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
Signature Company of the 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)
HOPE COLD
(Typed or printed name of person signing)
Itanidant

(Title of person signing)