## W16000009439

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(A	ddress)	
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	Our Santuary Corp				17 13
DOCUMENT NUMBER:	N16000009439				% (3)
The enclosed Articles of Am	sendment and fee are sub-	mitted for filing.			7
Please return all corresponde	ence concerning this matte	er to the following:			
Nelida Torres					
		(Name of Contact Po	erson)	·	<del></del>
Our Sanctuary Corp		•	•		
		(Firm/ Company	y)		·····
10121 Green Branch CT					
		(Address)			
Orlando, FL 32825					
		(City/ State and Zip	Code)		····
nelorosky@zol.com					
T.	-mail address: (to be used	for future annual rep	ort notification	n)	<del></del>
For further information conc	erning this matter, please	call:			
Nelida Torres		at	347	557-2521	
	(Name of Contact Person		(Area Code)	(Daytime Telepho	ne Number)
Enclosed is a check for the f	ollowing amount made pa	nyable to the Florida l	Department of	State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is used)	
Mailing A	Address	St	reet Address	ion	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

**Our Sanctuary Corp** (Name of Corporation as currently filed with the Florida Dept. of State) N16000009439 (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: (Principal office address MUST RE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) . . 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: (Florida street address) New Registered Office Address: Florida (Zip Code) (City) 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

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 Y SV	Iohn Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	Address
I)Change	<del></del>		
Add			
Remove			
2) Change			
Add			
Remove	•		
3) Change		,	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
	<del></del>		
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Adding to Article III: Our Sanctuary Corp is organized exclusively for charitable, religious purposes, including
for such purposes, the making of distributions to organizations that qualify as exempt described under Section 501 (c) (3)
of the Internal Revenue Code, or corresponding section of any future federal tax code.
Article IX:
Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning
of Section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be
distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed
of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization
is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which
are organized and operated exclusively for such purposes.
Sec.

	this document was	signed.
em	ective date <u>if appli</u>	(no more than 90 days after amendment file date)
		ed in this block does not meet the applicable statutory filing requirements, this date will not be listed as the te on the Department of State's records.
Ado	option of Amendm	ent(s) (CHECK ONE)
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.
	There are no mem adopted by the bo	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
	Dated	02/15/2017
	Signature	mela jærres
		(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)
		Nelida Torres
		(Typed or printed name of person signing)
		** President
		(Title of person signing)