n 1800003703

| (Requ | uestor's Name) | |
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| (Addr | ess) | |
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| (City/ | State/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL |
| (Busi | ness Entity Na | me) |
| (Docu | ıment Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fi | ling Officer: | |
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COVER LETTER

TO: Amendment Section . Division of Corporations

| HELPING FU NAME OF CORPORATION: | JRRY FRIENDS, INC | | |
|----------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------|
| N18000002703 DOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee as | re submitted for filing. | | |
| Please return all correspondence concerning this | s matter to the following: | | |
| ANGELA SYLVESTER | | | |
| | (Name of Contact l | Person) | |
| HELPING FURRY FRIENDS, INC | | | |
| | (Firm/ Compa | ny) | |
| P.O. BOX 290912 . | | | |
| | (Address) | <u></u> | |
| PORT ORANGE / FL / 32129 | | | |
| | (City/ State and Zip | Code) | |
| ASYLVESTER2@CFL.RR.COM | | | |
| E-mail address: (to b | oe used for future annual re | eport notification | n) |
| For further information concerning this matter, p | please call: | | |
| ANGELA SYLVESTER | , | 386 it | 235-2329 |
| (Name of Contact I | | | (Daytime Telephone Number) |
| Enclosed is a check for the following amount m | ade payable to the Florida | Department of | State: |
| \$35 Filing Fee S43.75 Filing Fee Certificate of S | Fee & \$\Bar{\textsf{Q}}\$\$43.75 Filing Fe Certified Copy (Additional copy enclosed) | Certif is Certif | 0 Filing Fee icate of Status ied Copy is osed) |
| Mailing Address Amendment Section | | treet Address Amendment Secti | on |

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

HELPING FURRY FRIENDS, INC

FILED

| (Name of Corporation as | currently filed with the Florida Dep | t. of State) |
|----------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| N18000002703 | | 2010 SEP 14 P 2: 22 |
| (Document | Number of Corporation (if known) | DECRETATION OF STATE TALLAHASSEE, FLORIDA |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: | Statutes, this Florida Not For Profit | Corporation adopts the following |
| A. If amending name, enter the new name of the cor | rporation: | |
| name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name. | orporation" or "incorporated" or the | The new abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD. | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) | <u>Y</u>) | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of | | ie name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (Florida stree | u address) |
| | | , Florida |
| _ | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent. | | gations of the position. |
| | Signature of New Registered Age | ent, 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 | | Doe Jones Smith | |
|----------------------------------|--------------|-----------------------|--------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| X Change | D | VIRGINA OVERTON | 900 NIXON LANE |
| Add | | | PORT ORANGE, FL |
| Remove | | | 32129 |
| 2) X Change | S | VIRGINIA LEGGE | 1057 W. SAMMS AVE. |
| Add | | | PORT ORANGE, FL |
| Remove | | | 32129 |
| 3) Change | V | ALISON SYLVESTER | 1874 CHORPASH LANE |
| X Add | | | PORT ORANGE, FL |
| Remove | | | 32129 |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

COMPLETE REVISION OF ORIGINAL ARTICLES OF INCORPORATION, AS FOLLOWS: Articles of Incorporation of HELPING FURRY FRIENDS, INC. The undersigned, all of whom are citizens of the United States, desiring to form a Non-Profit Corporation under the Non-Profit Corporation Law of Florida, do hereby certify: Article I: The name of the corporation is HELPING FURRY FRIENDS INC Article II: The pricipal office of the business is: 3780 Clyde Morris Blvd., Apt. 1606, Port Orange, FL 32129; and The mailing address of the business is P.O. Box 290912, Port Orange, FL 32129 Article III: Said corporation is organized exclusively for charitable, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3 of the Internal Revenue Code, or the corresponding section of any future federal tax code. The specific purpose for which this corporation is organized is: A NON-PROFIT ORGANIZATION TO PROMOTE ANIMAL WELFARE BY PROVIDING NECESSITIES AND MEDICAL CARE FOR ANIMALS IN NEED. Article IV: The names and addresses of the persons who are the initial trustees of the corporation are as follows: ANGELA SYLVESTER, 3780 CLYDE MORRIS BLVD., APT 1606, PORT ORANGE, FL 32129 VIRGINIA LEGGE, 1057 W. SAMMS AVE, PORT ORANGE, FL 32129 VIRGINIA OVERTON, 900 NIXON LANE, PORT ORANGE, FL 32129

ALISON SYLVESTER. 1874 CHORPASH LANE, PORT ORANGE, FL 32129

(CONTINUED)

| | SEPTÉMBER 8, 2018 | |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| The date of each amend | Iment(s) adoption: | , if other than the |
| date this document was s | igned. | |
| | SEPTEMBER 8, 2018 | |
| Effective date if applica | able: (no more than 90 days after amendment file date) | |
| | (no more than 20 days after amenament fite date) | |
| | d in this block does not meet the applicable statutory filing requirements, this date will not e on the Department of State's records. | ot be listed as the |
| Adoption of Amendme | nt(s) (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were sufficient | was/were adopted by the members and the number of votes cast for the amendment(s) for approval. | |
| There are no memb adopted by the boa | ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors. | |
| Dated | SEPTEMBER 8, 2018 | |
| Signature | Angela Sulvester. | |
| · | 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) | |
| | ANGELA SYLVESTER | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT AND TREASURER | |
| | (Title of person signing) | |

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CONTINUATION OF ARTICLES OF INCORPORATION, HELPING FURRY FRIENDS, INC.

Article V:

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set for in Article III hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation.

Article VI:

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the 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 so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation 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.

Article VII:

The manner in which directors are elected or appointed is as provided for in the by-laws.

Article VIII:

The name and Florida street address of the registered agent is:

ANGELA SYLVESTER 3780 S. CLYDE MORRIS BLVD., APT 1606 PORT ORANGE, FL 32129

Article IX:

The name and address of the incorporator is:

ANGELA SYLVESTER 3780 S. CLYDE MORRIS BLVD., APT 1606 PORT ORANGE, FL 32129 THE MAILING ADDRESS IS:

ANGELA SYLVESTER P.O. BOX 290912 PORT ORANGE, FL 32129

THE MAILING ADDRESS IS:

ANGELA SYLVESTER P.O. BOX 290912 PORT ORANGE, FL 32129