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T. LEMIEUX

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: FUrbables Paradise Sanctuary DOCUMENT NUMBER: <u>N/8/000050946</u> 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) (Firm/ Company) (Address) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$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 Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

Furbables Paradi	se Santhunal Tol.
(Name of Corporation as currently filed with the Florida D	Dept. of State)
N18000005096	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
Thistor Oaks Rescus Inc.	
name must be distinguishable and contain the word "corporat	ion" 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:	7637 EL Dorado
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Keystone Heights FL 3268
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7655 Monongahela Ave
	Keystone Heights FL 32656
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	
new registered agent and/or the new registered office at	o as E Sloal/olo
Name of New Registered Agent:	ola c. olareis
7655	Monongahula Aug Kalay
New Registered Office Address:	*
<u>Ke</u>	UStono Heights, Florida 32656 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent:
Thereby accept the appointment as registered agent. I am jun	muar wun ana accept the obligations of the position.
\(\) \(\)	Shekels
Sig	gnature of New Registered Agent, if changing
	· · · · · · · · · · · · · · · · · · ·
	\$\frac{1}{2} \display \frac{1}{2} \display \frac{1}{2} \display \frac{1}{2} \display \frac{1}{2} \display \display \frac{1}{2} \display \dinfty \dintit{\display} \display \display \display \display \d

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 <math>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 De V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
Add	Treasurer	Tobi Bellin	6287 Magnolia 8tres Keystone Heights Fr 3265
Remove 2) Change Add	SD	Gertrudis Martinez	KOKUNO HAIGHOZ EL OSOZ
Remove 3) Change Add Remove	$\overline{\mathcal{D}}$	~	Keyspru Heights Fl 326
4) Change Add	President	Deborah J. Green	1314 SE 27th Wast Metros, FL 32666
Remove 5) Change Add	Viu Presid	ont Melissa Pellerita	POBOX 1866 Kayptono Heights Fl 30656
Change Add	Sec Tres	Sandy Pardel	5059 Klare Dr. Reystone Heights Fr. 32651
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	

		<u>_</u>
		<u> </u>
		
		
		
date this document was signed.	on:	, if other than the
_		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	ses not meet the applicable statutory filing requirements, this date will not be acut of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

•

•	
	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 11113021
	Signature Candon tandel
	(By the chairman or vice chairman of the board, president of 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)
	Sandy Pardel
	(Typed or printed name of person signing)
	Treasurer Twisted Oaks Prescue
	(Title of person signing)