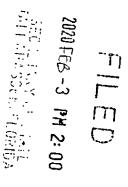
## N1800000 9739

Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Dellahs and Chance Rescue
DOCUMENT NUMBER: N   800000 9739
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ashley Masur
Dellans and hance Rescue
4298 SW Carl St
Port St. Lucio FL 34953
Deliahsand Chance a outland to report notification)  (City/ State and Zip Code)  Deliahsand Chance a outland to report notification)
For further information concerning this matter, please call:  ASMEY MASW (Name of Contact Person)  (Name of Contact Person)  (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:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& Certified Copy (Additional Copy is enclosed) \$\Bigcup \\$43.75 Filing Fee \& Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Name of Corpora	ation as curren	tly filed with the	Florida Dept. of Stat	<u>e</u> )	· · · · · · · · · · · · · · · · · · ·	·
Pelclahe	and	Chance	Cescue	NIECOO	09739	
		(Docume	nt Number of Corpor	ation (if known)		
Pursuant to the pro amendment(s) to it			da Statutes, this <i>Flori</i> d	da Not For Profit Co	orporation adopts th	e following
A. If amending n	ame, enter the	new name of the	corporation:			
						The new
name must be disti. <mark>"Company" or "C</mark>			'corporation" or "inc	corporated" or the al	bbreviation "Corp."	or "Inc."
B. <u>Enter new pri</u> ( <i>Principal office a</i>						
,						
						207
C. Enter new ma	iling address.	if apolicable:				一品
		POST OFFICE B	<u>0.X</u> )	·		<del></del>
					-n	ယ i
						_ <del>_</del>
			<del></del>			<del>i</del>
		gent and/or regist the new registered	<u>ered office address i</u> Loffice address:	n Florida, enter the	name of the	00
		•				
٥	<u>Name of New Ro</u>	egistered Agent: _				
			- <del></del>	(Florida street a	address)	
	New Registere	l Office Address:		(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
		_			, Florida	
			(City)		(Zip Code)	
New Registered A I hereby accept the			gistered Agent: I am familiar with a	nd accept the obligat	tions of the position.	
			Signature of N	ew Registered Agent	, if changing	

and address of each Of (Attach additional sheets Please note the officer/di P = President; V= Vice I	ficer and/or Directs: if necessary) irector title by the j President: T= Trects = Chief Financial	first letter of the office title: asurer; S= Secretary; D= Director; TR= Trus Officer. If an officer/director holds more than	: stee: C = Chairman or Clerk: CFO = Chief
Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	ives the corporatio	nanner. Currently John Doe is listed as the P. m, Sally Smith is named the V and S. These sh SV as an Add.	ST and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	VP	Anni Dewitt (Gurman)	322 Greenbrier Palm Springs, PL 33401
2) Change Add			
Remove Change Add	<u>S</u>	Laura Wilson Mustres	389 SW Tahol CT.
4) Change Add	<u>_</u> S	lestre Herrteler	77 King St Doorchesker, MA
Remove			
5) Change Add			
Remove 6) Change			
Add *			
Remove  F. If amending or addin	g <u>additional Arti</u>	Page 2 of 4 cles, enter change(s) here:	
(attach additional sheet	ts, if necessary).	(Be specific)	
	<del></del>		- Address - Addr

-
Page 3 of 4
The date of each amendment(s) adoption: 1.20, if other than the date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
<u>Note:</u> 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.

Ø.	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 Oshleymosy
	(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)
	Ashley Mosur
	(Typed or printed name of person signing)
	President
	(Title of person signing)