Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000348338 3)))



H220003483383ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380.

From:

Account Name : KIM MARKS CPA Account Number : I20120000072 Phone : (385)895-5815 : (305)895-6273 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN NORTH FLORIDA WILDLIFE CENTER INC.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



Articles of Amendment to Articles of Incorporation of

NORTH FLORIDA WILDLIFE CENTER INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
N18000009846	
(Document Number of Corporation (if kno	wn) .
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For</i> smendment(s) to its Articles of Incorporation:	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
and the state of t	The new
name must be distinguishable and contain the word "corporation" or "incorporated" "Company" or "Co." may not be used in the name.	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	2022 OC 1
	2 00
	- 3
D. If smending the registered agent and/or registered office address in Florida, et	ster the name of the
new registered agent and/or the new registered office address:	AH
Name of New Registered Agent:	<u> </u>
	22
(Flori	da street address)
New Registered Office Address:	
•	, Florids
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the	obligations of the position.
•	·
Signature of New Registers	d 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 John D Y Mike I SV Sally S	ones		
Type of Action (Check One)	<u>Trite</u>	Name	Address	
Change	DIR	FUENTES, MARIANA	3263 Foley Drive Tallahassee, FL 32309	
Remove 2) Change Add				2022
Remove Change Add Remove				8 7
4) Change Add		•	(n) (n) (n)	<u> </u>
Change Add				22
Remove 6) Change Add				1
E. If amending or addin (attach additional sheet	eg additional Arth	cles, enter change(s) here: (Be specific)		
			-	
			·	

/2022 7 49 04 AM PST (GMT-8) FROM: 3058956273	лго, 19900 II (1990) — Page, 5 (18506176380 Page, 5 of 8			2000 3483383			
	•			· ·				
					,			
· · · · · · · · · · · · · · · · · · ·				<u></u>				
			<u> </u>					
	 							
								
	<u>-</u>				I			
·								
			,					
. — — — — — — — — — — — — — — — — — — —	-				1			
						<u>ب</u>		
			<u> </u>			202h (ç., 	
					**	<u>C</u>	स ्य -) ध	
					<u> </u>	<u> </u>	~== ; ;;∓	
·	<u> </u>				<u>(7.</u>	7	; ;	
					[' .	ά	g.	
					- :	2.2		
					ı			
The date of each on mineral and a								
The date of each amendment(s) ad date this document was signed.	opuon:					other the	m tr	
Effective date <u>if applicable</u> :								
	(no more than 90 days	is after amen	idment file date)					
Note: If the date inserted in this blo- document's effective date on the De	ck does not meet the application partment of State's records.	able statutor	y filing requirem	ents, this date w	ill not be list	ted as th	16	
Adoption of Amendment(s)	(CHECK ONE)				1			
The amendment(s) was/were ad was/were sufficient for approva	lopted by the members and	the number (of votes cast for	he amendment(s) '			

There are no members or manufers entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Detect

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)

Ryan D Reines

(Typed or printed name of person signing)

Buscutive Director

(Title of person signing)

2022 OCT | | AM 8: 22