## N 18000010928

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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C. GOLDEN

DEC - 7 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Rescue Cats Rock I                | nc   | ·  |
|--|--|--|
| N18000010928 DOCUMENT NUMBER:                          |  |  |
|  | having at Con Cities                         |  |
| The enclosed Articles of Amendment and fee are sul     | omitted for filing.                          |  |
| Please return all correspondence concerning this mat   | ter to the following:                        |  |
| Tammy Nemee  |  |  |
|  | (Name of Contact Person                      | 1)   |
| Rescue Cats Rock                                       |  |  |
|  | (Firm/ Company)                              |  |
| 2470 Farrance Ct                                       |  |  |
|  | (Address)                                    | ,  |
| North Fort Myers, Florida 33917                        |  |  |
|  | (City/ State and Zip Cod                     | e)   |
| myrescuecatsrock@gmail.com                             |  |  |
| E-mail address: (to be use                             | ed for future annual report                  | notification)  |
| For further information concerning this matter, please | e call:                                      |  |
| Tammy Nemec  | 23 <sup>c</sup>                              | 9 440-4073   |
| (Name of Contact Perso                                 | <del></del>                                  | rea Code) (Daytime Telephone Number)   |
| Enclosed is a check for the following amount made p    | payable to the Florida Depa                  | artment of State:  |
| \$35 Filing Fee \$\text{Certificate of Status}\$       | Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |

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

Street Address

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

## Articles of Amendment to Articles of Incorporation of

FILED 2018 NOV 30 PM 1: 25

| (Nam   | e of Corporation as curre   | ntly filed with the Florida  | a Dant of Stuta                         |
|--|-----------------------------|------------------------------|---|
| (1941)<br>Rescue Cats Rock Inc   |                             | 0010928                      | in Line in State)                       |
| Could Call Mook Inc  |                             | ber of Corporation (if known | wn)                                     |
| rsuant to the provisions of secti<br>nendment(s) to its Articles of In           | ion 617.1006, Florida Statu | •                            | Profit Corporation adopts the following |
| . If amending name, enter the  | new name of the corpora     | tion:                        |   |
| /A   |                             |                              | The new                                 |
| ime must be distinguishable and<br>Company" or "Co." may not be                  |                             | ation" or "incorporated"     | or the abbreviation "Corp." or "Inc."   |
| . Enter new principal office a   | ddress if annlicable:       | N/A                          |   |
| Principal office address <u>MUST</u>   |                             | <u> </u>                     | · · · · · · · · · · · · · · · · · · ·   |
|  |                             |                              |   |
| Enter new mailing address,<br>(Mailing address MAY BE A                          |                             | N/A                          |   |
|  |                             |                              |   |
|  |                             |                              |   |
| <ul> <li>If amending the registered a<br/>new registered agent and/or</li> </ul> |                             |                              | iter the name of the                    |
|  | egistered Agent: N/A        |                              |   |
|  |                             | (Florid                      | da street address)                      |
| <u>New Registere</u>   | ed Office Address:          |                              |   |
|  |                             |                              | CH 1                                    |
|  | N/A                         | (Citv)                       | , Florida<br>(Zip Code)                 |

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 | <u>PT</u><br><u>V</u><br><u>SV</u> | John Do<br>Mike Jo<br>Sally S | ones                  |                     |
|----------------------------------|------------------------------------|-------------------------------|-----------------------|---------------------|
| Type of Action<br>(Check One)    | Title                              |                               | Name                  | <u>Addres</u> s     |
| 1) Change                        | <u>s</u>                           |                               | Hope Hawkins          | 2470 Farrance Ct    |
| Add                              |                                    |                               |                       | North Fort Myers    |
| X Remove                         |                                    |                               |                       | Florida 33917       |
| 2) Change                        | S                                  | _                             | Patricia Ann Chandler | 2204 Tucker Lane    |
| X Add                            |                                    |                               |                       | North Fort Myers    |
| Remove                           |                                    |                               |                       | Florida 33917       |
| 3 ) Change                       | <u>T</u>                           |                               | Mary Brady            | 5936 Littlestone Ct |
| XAdd                             |                                    |                               |                       | North Fort Myers    |
| Remove                           |                                    |                               |                       | Florida 33903       |
| 4) Change                        |                                    | _                             |                       |                     |
| Add                              |                                    |                               |                       |                     |
| Remove                           |                                    |                               |                       | -                   |
| 5) Change                        |                                    |                               |                       |                     |
| Add                              |                                    |                               |                       |                     |
| Remove                           |                                    |                               |                       |                     |
| 6) Change                        |                                    |                               |                       |                     |
| Add                              |                                    |                               |                       |                     |
| Remove                           |                                    |                               |                       |                     |
|                                  |                                    |                               |                       | <del></del>         |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |                                       |             |   |   |   |
|---|---------------------------------------|-------------|---|---|---|
| N/A   |                                       |             |   |   |   |
|   |                                       |             |   |   |   |
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|   |                                       |             |   |   | 4.                                      |

|      | · · · N/A  |                      |
|------|--|----------------------|
| ľhe  | date of each amendment(s) adoption:  | , if other than the  |
| late | this document was signed.  |                      |
|      | 11/16/2018   |                      |
| Effe | ective date if applicable:   |                      |
|      | (no more than 90 days after amendment file date)   |                      |
|      | e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ument's effective date on the Department of State's records.  | not be listed as the |
| ۱da  | option 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.   |                      |
|      | 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 Marthdaye Stone  |                      |
|      | (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) |                      |
|      | Marthafaye Stone   |                      |
|      | (Typed or printed name of person signing)  |                      |
|      | Vice President (Title of person signing)   |                      |
|      | Vice President (Title of person signing)   |                      |