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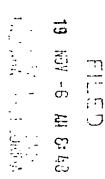
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: CAT COVERS, FOOD AND LOVE INC DBA STREET CA
DOCUMENT NUMBER: N 1900000589
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAUREEN GRADY (Name of Contact Person)
(Name of Contact Person)
CAT COVERS, FOOD AND LOVE, INC
10330 CLARENCE ST #AQOS (Address)
Panama City Bch, FL 32407 (City/ State and Zip Code)
STREET CAT Society PC @ GMail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Molly GRADY at 850 8190174 (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
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

to

Articles of Incorporation

of

CAT COVERS, FOOD AND L	OF, Inc	DRA STREE	T CAT
(Name of Corporation as curre	ntly filed with the Florid	a Dept. of State)	500c
N1900000589			
(Document Num	ber of Corporation (if kno	wn)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For I	Profit Corporation adopt	s the following
A. If amending name, enter the new name of the corpora	tion:		
NIA			The new
name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name.	ution" or "incorporated"	or the abbreviation "Co	
B. Enter new principal office address, if applicable:	-NI/A		
(Principal office address MUST BE A STREET ADDRESS		<u>.</u> .	. 19
		<u> </u>	
C. Enter new mailing address, if applicable:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		. जे नि
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	-W/#		·
	<u> </u>		<u></u>
			表示 45 15
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		nter the name of the	
new registered agent and/or the new registered office	A 1 / A		
Name of New Registered Agent:	N/H		
New Registered Office Address:	(Flori	ida street address)	
	11/2		
	(City)	, Florida (Zip Code	
	• • •	(inp tou	7
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		e obligations of the posi-	tion.
The confidence approximent as regimered agent. I unju	_ / ^	o mangamana ny mo posi	
	NIA		
	Signature of New Register	red 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 Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	Title Name	<u>Addres</u> s
1) Change	PRESIDENT NICOLE BU	ckley 10330 Clarence ST # A205
Add Remove		PANAMACITY Reh. FI
2) Change	- NA	
Remove	,	
3) Change Add Remove	NA	
4) Change		
Add	NA	
5) Change		
Remove	NA	
δ) Change	NIA	
Remove	0 0 0 .	

If amending or adding additional Articles, enter chan- (attach additional sheets, if necessary). (Be specific)	1
	NA
	10 11+

The date of each amendment(s) adoption: 101019, if other date this document was signed.	er than the
Effective date if applicable: 000000000000000000000000000000000000	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	as the
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.	
☐ 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 11/01/2019	
Signature Maureen Grady	
(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)	
MAUREEN GRADY (Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)