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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: COASTAL PUG RESCUE TNC.
DOCUMENT NUMBER: N2200000766
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
HEATHER WETTSCHURACK
(Name of Contact Person)
COASTAL PUG RESCUE
(Firm/ Company)
17 CAPTIVA DR.
(Address)
ONTE VEDRA, FL 32081 (City/ State and Zip Code)
(City/ State and Zip Code)
COASTALPUGRESCUE @ GMAIL. COM E-mail address: (to be used for future annual report notification)
E-man address. (to be used for future aimidal report notification)
For further information concerning this matter, please call:
TEATHER WETTSCHURACK at 904 392 - 417 (Q (Area Code) (Daytime Telephone Number)
(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

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to

Articles	s of Incorporation		
CASTAL PUR RESCH	UE, INC.		
(Name of Corporation as currently filed with the Florida I	<u> </u>	2022 HAY 16	P# 1: 14
N 22000000 766	, <u>, , , , , , , , , , , , , , , , , , </u>		
	er of Corporation (if known)	i	 . #:' *
·	-		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corpora</i>	tion adopts the follow	ving
·			
A. If amending name, enter the new name of the corporat			
COASTAL PUG AND PUPPY name must be distinguishable and contain the word "corporate	KESCUE INC.	The	new
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbrevio	ation "Corp." or "In	c. "
	130 CORRIDOR RO	}	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	\	•	
Trincipal Office address Most Barrothager House	#19]		
	PONTE VEDRA BEACH	H, FL 3200	54
	2		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	130 CORRIDOR RO		
	#139		
	PONTE VEDRA BEA	20 51 70	ONH
	PONTE YEDRA 15EA	CH, FL SX	<u>w</u> 1
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name	of the	
new registered agent and/or the new registered office a	ddress:		
Name of New Registered Agent: N/A	<u> </u>		
	(Florida street address)		
New Registered Office Address:			
NIF	, F	lorida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent. I am fai	miliar with and accept the obligations of	f the position	
A. / A			
<u> </u>	ignature of New Registered Agent, if cha	unging	

P = President; V = Vice I	; if necessary) rector title by the President; T= Tre = Chief Financial	first letter of the office title: asurer; S= Secretary: D= Director; TR= Tru Officer. If an officer/director holds more tha	istee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office
Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	ives the corporation	on, Sally Smith is named the V and S . These s	PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change Add	<u>D</u>	MIKAH WETTSCHURACK	17 CADTIVA DR. PONTE VEDRA, FL 32081
Remove 2) Change Add	PT	HEATHER WETTSCHURACK	17 CAPTIVA DR. PONTENEUR, FL 30081
Remove 3) X Change Add Remove	<u>S</u>	KRISTA HUMMEL	7805 WHEEL RIM CIRCLE AUSTIN, TX 78749
4) Change Add			
Remove			
5) Change Add			
Remove 6) Change Add			
Remove			<u></u>
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	
N/A			
			

· If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name,

·	
The date of each amendment(s) adoption date this document was signed.	n:, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Department.	es not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted was/were sufficient for approval.	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 5/11/2022
Signature Headhof. WETTSCHCROOK)
(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)
HEATHER A. WETTSCHURACK (Typed or printed name of person signing)
PRESIDENT
(Title of person signing)