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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.

Account Number : I19990000015

Phone : (727)461-1111

Fax Number : (727)461-6430

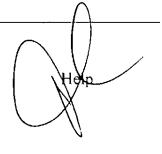
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

COR AMND/RESTATE/CORRECT OR O/D RESIGN ANIMAL SURVIVAL INTERNATIONAL USA, INC.

Certificate of Status	0
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Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



To.

Articles of Amendment to Articles of Incorporation of

Name of Corporation as currently filed with the Florida I	Dept. of State)		
N22000006230			
(Document Numb	er of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statuto imendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation ad	opts the	followi
A. If amending name, enter the new name of the corporat	ion:		
			The ne
tame must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "	Corp." c	or "Inc."
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	t r	20
		<u>`-</u>	123
		Ξ_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POST OFFICE BOX 489	AHAS	+
,	BARNSTABLE, MASSACHUSETTS 02630	•	Σ
		71-,	29 29
		<u> </u>	œ_
. If amending the registered agent and/or registered office			
new registered agent and/or the new registered office a	aaress:		
Name of New Registered Agent:			
	(Floridu street address)		
New Registered Office Address:	(Fiornia siree) anaressy		
	, Florida		
	(City) (Zip Co		
ew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am far		sition.	
•			
			
Sig	gnature of New Registered Agent, if changing		

From: Lisa Shuman

Fax: 17274611111

To:

Fax: (850) 617-6380

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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> <u>V</u> <u>SV</u>	John De Mike Jo Sally St	ones				
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s			
1) Change Add		-		<u></u>		2023 JUN	erre J (
Remove 2) Change Add		-			35 S		
Remove 3) Change Add Remove		-	·			- β - − − − − − − − − − − − − − − − − − − −	
4) Change Add		-					
Remove 5) Change Add		-					
Remove 6) Change Add		-					
E. If amending or adding (attach additional shee	i <mark>g additio</mark> ts, if nece.	nal Arti ssary).	cles, enter change(s) here: (Be specific)				
	· · · · · · · · · · · · · · · · · · ·						

From:	Lisa	Shuman

Fax:	1	72	74	6 1	11	1	1

To:

Fax: (850) 617-6380

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		É	<u> </u>
		2 (S) 2 (S) 3 (S)	
		-1 ()	
			<u> </u>
The date of each amendment(date this document was signed.	s) adoption:		_, if other than the
Effective date if applicable:			
	(no more than 90 days after amendment fi	le date)	
	s block does not meet the applicable statutory filing red Department of State's records.	equirements, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes croval.	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

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)

GLORIA C DAVIES

(Typed or printed name of person signing)

President

(Title of person signing)

2023 JUN 14 AM 8: 28