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.

(((H23000410460 3)))



H230004104603ABCU

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 : 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 of annual report mailings. Enter only one email address please.\*\*

F13	Addrase			
⊢manı.	naaracc			

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

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

Electronic Filing Menu Corporate Filing Menu



To:

## Articles of Amendment to Articles of Incorporation of

ANIMAL SURVIVAL INTERNATIONAL USA, INC.  Name of Corporation as currently filed with the Flori	ida Dant of State)		
N22000006230	ida Dept. or State		
(Document N	umber of Corporation (	if known)	•
Pursuant to the provisions of section 617.1006, Florida Stumendment(s) to its Articles of Incorporation:	atutes, this <i>Florida No</i>	For Profit Corporation adopts the following	3
A. If amending name, enter the new name of the corp	oration:		
		The new	
name must be distinguishable and contain the word "corp "Company" or "Co." muy not be used in the name.	poration" or "incorpor	ated" or the abbreviation "Corp." or "Inc."	
3. Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRI</u>	<u> </u>	202	
		3	USF?
. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<del></del>	SEED 38	ě
		= =	1
		· · · · · · · · · · · · · · · · · · ·	
If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Flori ce address:		
Name of New Registered Agent:			
New Registered Office Address:		(Florida street address)	
New Neglinerea Office Madress.			
<del></del>	(City)	, Florida (Zip (Code)	
	·	izip Coae)	
ew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an	red Agent: n familiar with and acc	apt the obligations of the position.	
	Signature of New Res	istered Agent, if changing	

From: Lisa Shuman Fax: 17274511111 To: Fax: (850) 617-6380 Page: 4 of 6 12/01/2023 9:35 AM

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>Y</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change Add	D	ALLISON TAYLOR	R SEVERSON	23424 PARK HACIENDA CALABASAS, CA 91302
				All All
Remove 3) Change Add Remove			<u></u>	55 TH 15 TH
4) Change Add		_		
Remove				
5) Change Add		_		
Remove				
6) Change Add		_		
Remove				
E. If amending or addin (attach additional shee		onal Articles, enter change(s) ssary). (Be specific)	<u>here</u> :	

Lisa Shuman '	Fax. 17274611111	То:	Fax. (850) 617-6380	Page: 5 of 6	12/01/2023 9:3	5 AM
					· · · · ·	
				-		
					202	
				· · · · · · · · · · · · · · · · · · ·	3 DEC	: 19F
	······································					į.
		•				Ţ
						*
The date of each date this documen	amendment(s) adop it was signed.	ption:			, if other th	าลถ
Effective date <u>if</u>	applicable:		0 days after omendment file date)			
			10 days after amendment file date) applicable statutory filing requireme			

(CHECK ONE)

Adoption of Amendment(s)

	abors or members entitled to vote on the amendment(s). The amendment(s) was/wer pard of directors.
Dated	November 15, 2023
	Mru Cofanei

From: Lisa Shuman

Fax: 17274611111

have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Fax: (850) 617-6380

GLORIA C. DAVIES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

2023 DEC = 1 - HR 11 - 3

Page: 6 of 6

12/01/2023 9:35 AM