## N22969

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Amend

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## **COVER LETTER**

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	SUNCOAST HUMA	ANE SOCIETY, IN	C.		
	N 22969				
DOCUMENT NUMBER: _		· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of Amo	endment and fee are subm	itted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
Leah Cornish					
	(	Name of Contact P	'erson)		
SunCoast Humane Society,I	nc.				
	<del></del>	(Firm/ Compan	iy)		<del></del>
6781 San Casa Drive					
		(Address)			
Englewood, Fl. 34223					
	(	City/ State and Zip	Code)		
LCornish@human.org					
Е	-mail address: (to be used	for future annual re	port notification	on)	
For further information conc	erning this matter, please o	eall:			
Leah Cornish		а	941	474-7384	
	(Name of Contact Person)			) (Daytime Telep	phone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida	Department o	f State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & [ Certificate of Status	□\$43.75 Filing Fed Certified Copy (Additional copy enclosed)	is Cert (Add	.50 Filing Fee difficate of Status diffied Copy ditional Copy is closed)	

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

SUNCOAST HUMANE SOCIETY, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N 22969 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Horida street address) New Registered Office Address: , Florida (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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	$\underline{V} = \underline{Mil}$	n Doe se Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	ED	Phillip Snyder	6781 San Casa Drive
Add			Englewood, Fl 34223
X Remove			
2) Change	CO-ED	Leah Cornish	6781 San Casa Drive
X Add			Englewood, FL 34223
Remove	CO-ED	Cheryl Casey	6781 San Casa Drive
3 ) Change X Add			Englewood, Fl 34223
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articletach additional sheets, if necessary).	(Be specific)
<u> </u>	
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The	date of each amendment(s) adoption:	_, if other than the
date	this document was signed.	
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 not ument's effective date on the Department of State's records.	be listed as the
Add	option of Amendment(s) ( <u>CHECK ONE</u> )	
日	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 10-2-2019	
	Signature Danne de la arrez	_
	(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)	
	Joanne Weaver	
	(Typed or printed name of person signing)	
	Vice-President	
	(Title of person signing)	

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