## N23000001102

(Requestor's Name)
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(Áddress)
,
(City/State/Zip/Phone #)
(City/State/Zip/Filotte #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

K9 Rescue and NAME OF CORPORATION:	I Sanctuary Inc
N23000001102 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Jenna Crowley	
	(Name of Contact Person)
K9 Rescue and Sanctuary	
	(Firm/ Company)
19127 Saint Benedict Dr.	
	(Address)
Dunnellon, FL 34432	•
	(City/ State and Zip Code)
k9rescueandsanctuary@gmail.com	
E-mail address: (to b	pe used for future annual report notification)
For further information concerning this matter, p	please call:
Jenna Crowley	352 815-8525
(Name of Contact P	
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St	
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 of Incorporation of

K9 Rescue and Sanctuary Inc.

(Name of Corporation as currently filed with the Florida	Dept. of State)
N23000001102	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	The new ution" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	2385 SW 143rd Ct.
(Principal office address MUST BE A STREET ADDRESS	Ocala, FL 34481
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2385 SW 143rd Ct.
	Ocala, FL 34481
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office:	ice address in Florida, enter the name of the address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	(City) . Florida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	(City) (Zip Code)  1 Agent:  amiliar with and accept the obligations of the position.  27  Participature of New Registered Agent, if changing
	ignature of New Registered Agent, if changing VO

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 Do Y Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	ADVD	Jessica Len Mitchell	101 E New Hampshire Avenue Apt 52
x Remove			Deland, FL 32724 US
2) Change Add	ADVD_	Leslie Silvestri-Snyder	246 Mermaids Bight Naples, FL 34103
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption: date this document was signed.		_, if other than the
Effective date if applicable:		
(no	o more than 90 days after amendment file date)	
	not meet the applicable statutory filing requirements, this date will not leave	oe listed as the
Adoption of Amendment(s) (Q	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.
Dated	May 16, 2023
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)  Jenna M. Crowley
	(Typed or printed name of person signing)
	Executive Director
	(Title of person signing)