N42680

·	questor's Name)	
(176	questor s Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	The Jeanette McCo	rmack Refuge, I	nc.	
DOCUMENT NUMBER: _	142680			
The enclosed Articles of Ame	ndment and fee are subm	itted for filing.		
Please return all corresponden	ice concerning this matter	to the following:		
James Grubb				
	(Name of Contact	Person)	
Mayfair Animał Hospital, In	C.			
		(Firm/ Compa	ny)	
525 SE 6th Ave				
		(Address)		<u> </u>
Delray Beach, FL 33483				
	(0	City/ State and Zir	Code)	
grubbvet54@aol.com				
Е-п	nail address: (to be used f	or future annual re	port notification	1)
For further information concern	ning this matter, please ca	ıll:		
James Grubb		а	561	278-0677
(N	lame of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the foll	owing amount made paya	ıble to the Florida	Department of	State:
🗆 \$35 Filing Fee 【		1\$ 43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is sed)

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

(Name of Corporation	00.36.00550	who Glada and all on a			
N42680	on as curren	atly filed with the Florid	a Dept. of State)		
(Doc	ument Numb	per of Corporation (if kno	wn)		
Pursuant to the provisions of section 617.1006, FI amendment(s) to its Articles of Incorporation:	lorida Statute	es, this <i>Florida Not For I</i>	Profit Corporation ad	opis the fo	ollowin
A. If amending name, enter the new name of the	he corporati	on:			
name must be distinguishable and contain the wor Company" or "Co." may not be used in the nan	rd "corporal ne.	ion" or "incorporated" (or the abbreviation "(1 Co r p." or	The nev
Enter new principal office address, if applic	able:	525 SE 6th Ave			
Principal office address <u>MUST BE A STREET</u>	ADDRESS)	Delray Beach, FL 334	83	<u> </u>	
				≥S.	19
E-to-					<u>—</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	525 SE 6th Ave		MASS TANK	9-11
		Delray Beach, FL 3348	33	HA No.	F.F.
				<u> </u>	ئن پيد
If amending the registered agent and/or registered agent and/or the part registered	ctamod office				- 10 -
new registered agent and/or the new register	ed office ad	: address in Florida, enti dress:	er the name of the	. >>	
Name of New Registered Agent:	James Gn				
	525 SE 6th	1 Ave			
New Registered Office Address:	dress: (Florida street address)		street address)	· · ·	
	Delray Beach 33483		3483		
		(City)		, Florida(Zip Code)	
w Registered Agent's Signature, if changing R	egistered A	pent:			
ereby accept the appointment as registered agent	. I am famij	liar with and accept the o	bligations of the posi	tion.	
~~	Sim	atura of New 2			
	Sign	ature of New Registered.	Agent, if changing		

Page 1 of 4

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 = ChiefExecutive 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.

		min, or us an mus.		
Exampte: X Change X Remove X Add	<u>v</u> <u>M</u>	hn Doc ike Jones Ily Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	PD	Richard Sander	536 SW Linden Street	
Add X Remove			Stuart, FL 34997	
X 2) Change	PD	James Grubb		
2) Change Add	<u></u>	ouries Graph	Delray Beach, FL 33483	٠,٠
Remove	en.		28 4 6	
3) Change	SD	Joanna M Sander	536 SW Linden Street	0
Add X Remove			Stuart, FL 34997	
4) X Change	SD	Elaine Stout-Belzeski	525 SE 6th Ave	
Add			Delray Beach, FL 33483	
Remove				
5) Change				
Add Remove				
6) Change Add				
Řemove				
		Page 2 of 4	——————————————————————————————————————	

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	each amendment(s) adoption:cument was signed.	, if other than the
	June 3, 2019 **Let if applicable:	
	(no more than 90 days after amendment file date)	
Note: If the document's	edate inserted in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records.	: listed as the
Adoption o	f Amendment(s) (CHECK ONE)	
The ar	nendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) ere sufficient for approval.	
☐ There	are no members or members entitled to vote on the amendment(s). The amendment(s) was/were d by the board of directors.	
	Dated June 3, 2019	
	Signature / Mares France	
	(By the chairman or vice chairman of the board, president or other officer-if directors bave not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	James Grubb	
	(Typed or printed name of person signing)	19
	President/Director	E Th
	E GENERAL STATE OF THE STATE OF	-6 PH S: 2