N43214

(Re	equestor's Name)	-
(Ac	ddress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me) :
(Do	ocument Number)	·
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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T.O:. Amendment Section Division of Corporations

P.O. Box 6327

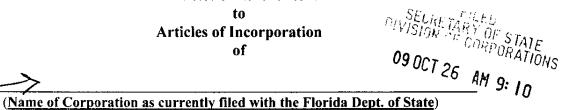
Tallahassee, FL 32314

NAME OF CORPO	PRATION: HFLPING	OUR WILDLIF	E, INC.
DOCUMENT NUM	BER: <u>N43214</u>		
The enclosed Article	s of Amendment and fee are sub	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
	PAIGE AV	ECCHITTO Contact Person)	
	:\	R DILOLIFE n/ Company)	
	5613 H	EATHER VILY Address)	
	,	FL 32570 ate and Zip Code)	
	Vecchittopaige E-mail address: (to be use	ed for future annual report notifica	ation)
For further information	on concerning this matter, pleas	e call:	
POIGE Name	of Contact Person)	at (<u>850</u>) <u>983</u> (Area Code & Daytir	-0578 ne Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Department	of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer	ing Address ndment Section ion of Corporations	<u>Street Address</u> Amendment Section Division of Corporation	,

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**



(Document)	Number of Corporation	on (if known)
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of		this Florida Not For Profit Corporation adopts
A. If amending name, enter the new nam	ne of the corporation	<u>ı:</u> \
The new name must be distinguishable an	d contain the word	"corporation" or "incorporated" or the
abbreviation "Corp." or "Inc." "Compan	y" or "Co." may not	be used in the name.
B. Enter new principal office address, if (Principal office address MUST BE A STR		5613 HEATHER WAY
(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	MILTON, FC 325 70
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		SAME
D. If amending the registered agent and/ new registered agent and/or the new r		
Name of New Registered Agent:	PAIGE D	VECCHITTO (SAME)
New Registered Office Address:		ENTHEX WAY (SAME) da street address)
	$\underline{\hspace{1cm}}$	ILTON , Florida 32570
		(City) (Zip Code)
New Registered Agent's Signature, if cha	nging Registered A	gent:
	ered agent. I am j	familiar with and accept the obligations of the
position.	Paul	early (same)
	Signature of New	Registered Agent, if changing

Page 1 of 3

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) **Type of Action** Title **Name** Address □ Add ☐ Remove ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be_specific) THE SPECIFIC PURPOSE ENVIRONMENT.

The date of each amendment(s) adoption: 10/25/09
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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 10/25/09 Signature Paix Nooth
(By the charman 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, of other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)