



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2014

GAIL CARSON / ST FRANCIS ANIMAL RESCUE OF VENICE INC
PO BOX 563
NOKOMIS, FL 34274

SUBJECT: ST. FRANCIS ANIMAL RESCUE OF VENICE, INC.
Ref. Number: N93000002087

We have received your document for ST. FRANCIS ANIMAL RESCUE OF VENICE, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

You just typed your name in for the signature on the last page of the amendment. For a non profit we must have an original signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 214A00009356



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2014

GAIL CARSON / ST FRANCIS ANIMAL RESCUE OF VENICE INC
PO BOX 563
NOKOMIS, FL 34274

SUBJECT: ST. FRANCIS ANIMAL RESCUE OF VENICE, INC.
Ref. Number: N93000002087

We have received your document for ST. FRANCIS ANIMAL RESCUE OF VENICE, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$52.50. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 214A00009356

COVER LETTER

TG: Amendment Section
Division of Corporations

NAME OF CORPORATION: St. Francis Animal Rescue of Venice, Inc.

DOCUMENT NUMBER: N93000002087

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gail Carson

(Name of Contact Person)

St. Francis Animal Rescue of Venice, Inc.

(Firm/ Company)

P.O. Box 563

(Address)

Nokomis, FL 34274

(City/ State and Zip Code)

stfrancisarfl@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gail Carson

(Name of Contact Person)

at (941) 492-6200

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|--|--|---|---|

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

St. Francis Animal Rescue of Venice, Inc.

14 JUN 11 PM 3:36

(Name of Corporation as currently filed with the Florida Dept. of State)

N93000002087

(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:

Not Applicable

The new 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**)

St. Francis Animal Rescue of Venice, Inc.

1925 S. Tamiami Trail

Venice, FL 34293

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

St. Francis Animal Rescue of Venice, Inc.

P.O. Box 563

Nokomis, FL 34274

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:

Gail Carson

221 Alsace Avenue

(Florida street address)

New Registered Office Address:

Venice

(City)

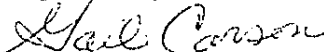
Florida

34293

(Zip Code)

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:

| | | |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input checked="" type="checkbox"/> Add | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--------------------------------------|--------------|-------------|----------------|
| 1) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| 2) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| 3) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| 4) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| 5) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| 6) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Article II: Mailing Address. The mailing address for St. Francis Animal Rescue is:
P.O. Box 563
Nokomis, FL 34274

Article IV: Membership. This article will be deleted. The corporation will not have members.
The current by-laws state that members have no voting rights. Therefore, this ammendment
was adopted by a unanimous vote of the Board of Directors of St. Francis Animal Rescue.

The date of each amendment(s) adoption: 4/23/14 if other than the date this document was signed.

Effective date if applicable: 4/23/14
(no more than 90 days after amendment file date)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 JUN 11 PM 3:37

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 4/23/14

Signature Gail Carson

Gail Carson

(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)

Gail Carson

GAIL CARSON

(Typed or printed name of person signing)

President

President

(Title of person signing)