# N99000006808

| (Re                     | equestor's Name)   |              |
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| ————(Ad                 | ldress)            |              |
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| (Cit                    | ty/State/Zip/Phone | <b>→ #</b> ) |
| PICK-UP                 | WAIT               | MAIL         |
| (Bu                     | siness Entity Nan  | ne)          |
| (Do                     | cument Number)     | <del> </del> |
| Certified Copies        | _ Certificates     | of Status    |
| Special Instructions to | Filing Officer:    |              |
|                         |                    |              |
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BECRETARY OF STATE
TALLAHASSEE, FLORID

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Amend

1Brown 8-9-11

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

.3

| NAME OF CORPO            | RATION: FELINE FRIE  | NDS OF DESTIN, INC.  | •   |
|--------------------------|--|--|---|
| DOCUMENT NUM             | BER: N99   | 000006808  |   |
| The enclosed Articles    | of Amendment and fee are sul   | bmitted for filing.  |   |
| Please return all corre  | spondence concerning this mat  | tter to the following:   |   |
|                          | · · · · · · · · · · · · · · · · · · ·  | EY TUXHORN   |   |
|                          | (Name o  | f Contact Person)  |   |
|                          | (Firm  | n/ Company)  | <del></del>   |
|                          | 1096 FORES   | ST LAKE TERRACE  |   |
|                          | (  | Address)   |   |
|                          |  | LLE, FL 32578  |   |
|                          | ·  | ate and Zip Code)  |   |
|                          | ashleytuxl<br>E-mail address; (to be use   | norn@gmail.com<br>ed for future annual report notific  | cation)   |
| For further information  | n concerning this matter, pleas  | e call:  |   |
| ASHLEY TUXHO             | · · · · · · · · · · · · · · · · · · ·  | at ( <u>850</u> ) 678-660  |   |
| (Name                    | of Contact Person)   | (Area Code & Dayti   | me Telephone Number)  |
| Enclosed is a check for  | or the following amount made p   | payable to the Florida Departmen   | nt of State:  |
| ☑ \$35 Filing Fec        | ☐ \$43.75 Filing Fee & Certificate of Status                                     | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)                            | □ \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| Amen<br>Divisi<br>P.O. E | ng Address<br>dment Section<br>on of Corporations<br>Box 6327<br>assee, FL 32314 | Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente | ons   |

Tallahassee, FL 32301

#### **Articles of Amendment** to **Articles of Incorporation** of

#### FELINE FRIENDS OF DESTIN, INC.

#### N9900006808

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|  | ne Florida Dept. of S   | tate)  |
|  | on (if known)   |  |
| orporation:  |   | <i>Profit Corporation</i> adopts .   |
|  |   | corporated" or the   |
| cable:<br>ADDRESS )  | 348 L'Atrium Circl<br>Miramar Beach, F  |  |
| <u>E BOX</u> )   |   |  |
| gistered office and of |   | nter the name of the   |
|  |   |  |
|  |   | <del>_</del>   |
| (Floria  | da street address)  | Florida<br>(Zip Code)  |
|  | to es of Incorpor of  DS OF DES thy filed with to 00006808 er of Corporation: the corporation: the corporation thain the word "Co." may not cable: ADDRESS) | to es of Incorporation of  DS OF DESTIN, INC.  thy filed with the Florida Dept. of S  00006808  er of Corporation (if known)  lorida Statutes, this Florida Not For orporation:  the corporation:  the corporation:  The word "corporation" or "in "Co." may not be used in the name.  cable: ADDRESS)  Miramar Beach, F  EBOX)  estered office address in Florida, en   |

## 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)

| <u>Title</u> | <u>Name</u>   | <u>Address</u>                                 | Type of Action |
|--------------|---|--|----------------|
| Р            | Robert Reid (Interim)   | 4206 Jade Loop Drive                           | ☑ Add          |
|              |   | Destin, FL 32541                               | Remove         |
|              |   | Desiii, 1,1, 32,07.1                           |                |
| VP           | Rachel Simerly  | 4702 Knobured Bood                             | [7] A 4.1      |
|              |   | 4703 Knolwood Road                             |                |
|              |   | Niceville, FL 32578                            | C Kemove       |
| Т            | Heather Arthur  | 240 HAtelines Cleals                           | ☑ Add          |
|              | reduction 711 14.121  | 348 L'Atrium Circle<br>Miramar Beach, FL 32550 |                |
|              |   | Willamar Beach, FL 32550                       |                |
|              | nding or adding additional Articles, e<br>additional sheets, if necessary). (Be s |  |                |
| -            |   |  |                |
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### 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)

| Title     | Name               | Address   | Type of Action  |
|-----------|--------------------|---|-----------------|
| Secretary | Ashley Tuxhorn     | 1096 Forest Lake<br>Niceville, FL 32578         | ⊠ Add           |
| D         | Jeremy Keich       | 1250 Circle Drive<br>DeFuniak Springs, FL 32435 | ⊠ Add           |
| President | Anne Herriott      | 4452 Ocean View Drive<br>Destin, FL 32541       | ⊠ REMOVE        |
| VP/T      | Joe Mras           | 4452 Ocean View Drive<br>Destin, FL 32541       | <b>⊠</b> REMOVE |
| D         | Doretha Jones, DVM |   | <b>⋈</b> REMOVE |

| The date of each amendment                            | (s) adoption: July 12, 2011  |
|---|--|
| Effective date if applicable:                         | (date of adoption is required)  July 12, 2011  |
|   | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)                              | (CHECK ONE)  |
| The amendment(s) was/we was/were sufficient for app   | re adopted by the members and the number of votes cast for the amendment(s) roval.   |
| There are no members or a adopted by the board of dis | members entitled to vote on the amendment(s). The amendment(s) was/were rectors.   |
| Dated   | 7/13/11  |
| Signature   | Ash ley Mixton   |
| (By   | the chairman or vice chairman of the board, president or other officer-if directors e not been selected by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) |
|   | ASHELY TUXHORN   |
|   | (Typed or printed name of person signing)  |
|   | SECRETARY  |
|   | (Title of person signing)  |

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