19900007618

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500060101495

20/04/05--01081--001 ***S 00

PILED BECRETARY OF STAT

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Th	e Ark Wildlife & Rehabilitation Inc.		
DOCUMENT NUMBER: N990	00007618		
The enclosed Articles of Amendmen	at and fee are submitted for filing.		
Please return all correspondence cor	cerning this matter to the following:		
K	aren Lynch	_	
	(Name of Contact Person)	-	
The Ark	Wildlife & Rehabilitation	05 OCT -4 MID: 00	
	(Firm/ Company)	出口で	
ব্য	5 Sunset Drive	矮一层	
	(Address)	FIG. 3	
	,	EST OF	
St. Au	gustine, FL 32080	影ら	
	(City/ State and Zip Code)		
For further information concerning	his matter, please call:		
Karen Lynch	at (904) 471-0336		
(Name of Contact Person		ne Number)	
Enclosed is a check for the following	g amount:		
☑ \$35 Filing Fee ☐ \$43.75 Fi Certificat	ing Fee & \$\Bigcup \\$43.75 \text{ Filing Fee & }\Bigcup \\$52.50 \text{ Filing Fee & }\Bigcup \\$52.50 \text{ Filing Fee & }\Bigcup \\$52.50 \text{ Filing Fee & }\Bigcup \\$Certificate of S \\ Certified \text{ Copy }\Bigcup \Bigcup \B	Status '	
Mailing Address	Street Address		
Amendment Section Division of Corporation		Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circ Tallahassee, FL 32399	cle	

Articles of Amendment to Articles of Incorporation of

SOCT IN MICHOLOGY

The Ark Wildlife & Rehabilitation Inc.

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

N99000007618

(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:

NEW CORPORATE NAME (if changing):

The Ark Wildlife Rescue & Rehabilitation, Inc.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article

Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Change of officers/ directors
President (Remains the same): Karen Lynch; 335 Sunset Drive,
St. Augustine, FL, 32080 PH (904) 4710336
Changes
Vice President: Douglas Grate; 8200 AIA South
<u>Yice President: Douglas Grote; 8200 AIA South</u> , St. Augustine, FL 32080 ph (904) 471-0336
Secretary: Brend Zaggy; 16 Drum Place,
Secretary: Brend Zaggy; 16 Drum Place, Ponte Vedra, Fl 32082 ph (904) 285-8036
Treasurer: Karen Lynch; 335 Sunset Drive
Treasurer: Karen Lynch; 335 Sunset Drive St Augustine FL 32080 ph (904) 471-0336 (Attach additional pages if necessary)

(continued)

The date of adoption of the amendment(s) was: 9/25/05		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	is (were) adopted by the members and the number of votes cas as sufficient for approval.	
	s or members entitled to vote on the amendment. The ere) adopted by the board of directors.	
have not been selec	vice chairman of the board, president or other officer- if directors eted, by an incorporator- if in the hands of a receiver, trustee, or ed fiduciary, by that fiduciary.)	
Kare	n Lynch	
(Турс	ed or printed name of person signing)	
Pres	sident	
	(Title of person signing)	

FILING FEE: \$35