

N99000007618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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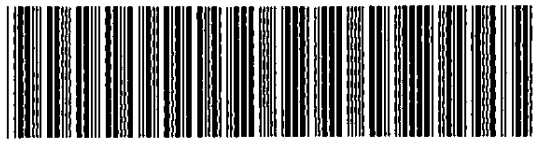
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: THE ARK WILDLIFE RESCUE & REHABILITATION  
INC.

DOCUMENT NUMBER: N99000007618

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

Please return all correspondence concerning this matter to the following:

KAREN LYNCH

(Name of Contact Person)

THE ARK WILDLIFE RESCUE & REHABILITATION, INC.  
(Firm/ Company)

335 SUNSET DRIVE

(Address)

ST. AUGUSTINE, FL 32080

(City/ State and Zip Code)

karenoahsark@gmail.com

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

For further information concerning this matter, please call:

KAREN LYNCH

(Name of Contact Person)

at (904) 347-0591

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made 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)

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  
13 MAR 27 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

THE ARK WILDLIFE RESCUE & 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:

A. If amending name, enter the new name of the corporation:

\_\_\_\_\_ 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)

335 SUNSET DRIVE  
ST. AUGUSTINE, FL  
32080

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

335 SUNSET DRIVE  
ST. AUGUSTINE, FL  
32080

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:

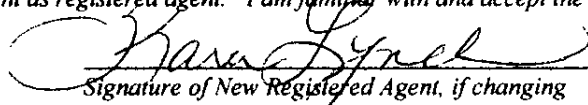
Name of New Registered Agent: KAREN LYNCH  
335 SUNSET DRIVE  
(Florida street address)

New Registered Office Address:

ST. AUGUSTINE, Florida 32080  
(City) (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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PT</u>	<u>KAREN LYNCH</u>	<u>335 SUNSET DRIVE</u> <u>ST. AUGUSTINE, FL</u> <u>32080</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>LAWRENCE LYNCH</u>	<u>335 SUNSET DRIVE</u> <u>ST. AUGUSTINE, FL</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>JOAN De Camp</u>	<u>8130 AIA SOUTH</u> <u># J 11</u> <u>ST. AUGUSTINE, FL 32080</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>THAIDA BONNER</u>	<u>265 MYSTERIA RD.</u> <u>ST. AUGUSTINE, FL</u> <u>32086</u>
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 VI: SPECIFIC PURPOSE:  
RESCUE & REHABILITATION OF INJURED  
AND ORPHANED WILDLIFE IN NORTHEAST  
FLORIDA.

\* DISSOLUTION CLAUSE: UPON THE  
DISSOLUTION OF THIS ORGANIZATION,  
ASSETS SHALL BE DISTRIBUTED FOR  
ONE OR MORE EXEMPT PURPOSES  
WITHIN THE MEANING OF SECTION 501(C)(3)  
OF THE INTERNAL REVENUE CODE, OR  
CORRESPONDING SECTION OF ANY FEDERAL  
TAX CODE, OR SHALL BE DISTRIBUTED  
TO THE FEDERAL GOVERNMENT, OR TO  
A STATE OR LOCAL GOVERNMENT, FOR  
A PUBLIC PURPOSE.

The date of each amendment(s) adoption: MARCH 21, 2013

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 3/22/13

Signature Karen Lynch  
(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)

KAREN LYNCH  
(Typed or printed name of person signing)

PRESIDENT / TREASURER  
(Title of person signing)