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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Angels Helping Vets, Inc. N12000003835 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Shannon P. Locke (Name of Contact Person) Angels Helping Vets, Inc. (Firm/ Company) 12010 Rock Brook Run #1705 (Address) Fort Myers, FL 33913 (City/ State and Zip Code) Shannon@AngelsHelpingVets.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shannon P. Locke (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

Angels Helping Vets, Inc.			
(Name of Corporation as currently filed with	th the Florida Dep	t. of State)	
N12000003835			
(Document Number of	of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statutes, this Fl	orida Not For Profit Corporation adopts the fol	lowing
A. If amending name, enter the new name of the	corporation;		
n/a		τ	he new
name must be distinguishable and contain the word	•		
"Company" or "Co." may not be used in the name.			
B. Enter new principal office address, if applicab			
(Principal office address <u>MUST BE A STREET AL</u>	DDRESS)		
C. Enter new mailing address, if applicable:	n/a		
(Mailing address <u>MAY BE A POST OFFICE B</u>	BOX) III C		
			
D. If amending the registered agent and/or regist new registered agent and/or the new registere		s in Florida, enter the name of the	
nla	to office address.		
Name of New Registered Agent: 111d		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	(Florida st	reet address)	
	(City)	, Florida Zip Code)	
	, ,,	(Jap Code)	
New Registered Agent's Signature, if changing R. I hereby accept the appointment as registered agent.		th and accept the obligations of the nosition	
э поголу восорь то врроттет во гезыстви изет.			20
Cimentum of A	Vew Registered Age	if sharping CO	=======================================
signature of r	vew negisterea Age	ni, y ch angin g $>>$ X	

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CONTRA BLANKE

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: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>v</u>	Kathy Przybyla	678 Camellia Drive
Add			North Fort Myers, FL 33903
X Remove			
2) Change	V	Ramon Villanueva Jr.	3623 NE 12th Avenue
X Add			Cape Coral, FL 33909
Remove			4
3) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			<u></u>
Remove			
5) Change			
Add			
Remove			
6) Change			
_			
Add			
Remove			

Mach additional sheets, if necessary).	If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
a					
<u> </u>					
					
· · · · · · · · · · · · · · · · · · ·					
					
•					

The date of each amendment(s) ad	March 15, 2013
Effective date <u>if applicable</u> :	
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes east for the amendment(s) al.
There are no members or members adopted by the board of directors	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated March	1,15, 2013
(By the chair have not be	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
Shannon	P. Locke
	(Typed or printed name of person signing)
Presiden	t
**************************************	(Title of person signing)