NI5000005185

(Requestor's Name)
(Address)
(Address)
(0) (0) (1)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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03/22/21--0103;--013 **35.00

2021 MAR 22 AM 8: 50
SECRETARY OF STATE

Office Use Only



COVER LETTER

TO: Am.	endment Section ision of Corporations					
SUBJECT:	Veterans First America Corporation Name of Corporation					
DOCUMEN	NT NUMBER: N15000005185					
The enclose	d Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return	n all correspondence concerning this matter to the following:					
	Thomas S. Reed Name of Contact Person					
Veterans First America Corporation Firm/Company						
7901 4th St N STE 300 Address						
	St. Petersburg FL 33702 City/State and Zip Code					
	director@veteransfirstamerica.org E-mail address: (to be used for future annual report notification)					
For further i	nformation concerning this matter, please call:					
Thomas	S. Reed at (305) 575-9528					
	Name of Contact Person at (305) 575-9528 Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations					

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cho	nnge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florid organized under the laws of the State o egistered agent, or both, in the State o	f Flonda		 -	
1. The name of	the corporation: Veterans First Ame	rica Corporation				
	office address: 7901 4th St N STE					
3. The mailing	address (if different):					
4. Date of incorporation/qualification: 05/21/15 Document number: N15000005185						
	d street address of the current registertment of State: (If resigned, enter re	ered agent and registered office on file signed)	with the			
	Thomas S. Reed					
	11724 SW 115 Terrace		_			
	Miami, Florida 33186		TAL	021 H/	4	
6. The name and (if changed):	d street address of the new registered	I agent (if changed) and /or registered	SS Harris	2021 HAR 22 /		
	Registered Agents Inc.			A# 8:	O	
	7901 4th St N STE 300			2		
P.O. Box NOT acceptable						
	St. Petersburg FL 33702		_			
The street address changed will	ess of its registered office and the st be identical.	treet address of the business office of	its regis	stered a	agent,	
	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by a in notified in writing of the change.	n office	r so		
	Mark	Thomas S. Reed, President	Thomas S. Reed, President			
ستندرست	re of an officer or director	Printed or typed name and	title			
I further agree performance of agent. Or, if th	my duties, and I am familiar with a	statutes relative to the proper and co and accept the obligation of my position reflect a change in the registered off	on as re,	gistere ress, I	ed	
Bel Hame		03-19-2021				
Signature of Registered Agent		Date				
If signing on be	half of an entity:					
Bill Havre						
ı,	yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *