738958

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION		on For Victim Assistanc	e 	
DOCUMENT NUMBER:	738958			
The enclosed Articles of An	nendment and fee are subt	nitted for filing.		
Please return all corresponde	ence concerning this matte	er to the following:		
Michael Ashman				
		(Name of Contact Pers	оп)	
National Organization For V	Victim Assistance, Inc.			
		(Firm/ Company)	<u> </u>	
510 King Street, Suite 220				
	····	(Address)		
Alexandria, VA 22314				
		(City/ State and Zip Co	ode)	
michaelashnian@trynova.o.	rg			
	-mail address: (to be used	For future annual repor	rt notification	
For further information cond	cerning this matter, please	call:		
Michael Ashman			703) 270-061	I
	(Name of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made pa	ayable to the Florida De	partment of S	State:
S35 Filling Fee	□\$43.75 Filling Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certiti Certiti	Filing Fee cate of Status ed Copy ional Copy is sed)
	ent Section of Corporations	Ame Divis	et Address ndment Secti sion of Corpo Centre of T	rations

2415 N. Monroe Street, Suite 310

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

National Organization For Victim Assistance, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 738958 (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: National Organization for Victim Advocacy, Inc. 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: , Flerida 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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add			
Remove			
2) Change Add			-
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	

				
				
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	Annust 01 2023			
The date of each amendment(s) adoption: date this document was signed.				_, if other than the
Effective date if applicable:	o more than 90 days aft	an amoudment file data		
<u>Note:</u> If the date inserted in this block does document's effective date on the Department	not meet the applicable of State's records.	statutory filing requirer	ments, this date will not	be listed as the
Adoption of Amendment(s)	CHECK ONE)			
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the r	number of votes east for	the amendment(s)	

Plaire Ponder Selib
the chairman or vice chairman of the board, president or other officer-if directe e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
Claire Selib
(Typed or printed name of person signing)