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COVER LETTER

TO: Amendment Section **Division of Corporations**

Vets Bridges To Hope Inc

Name of Corporation

F2000001678 **DOCUMENT NUMBER:**

The enclosed Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s) and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sherri New

Name of Contact Person

Vets Bridges To Hope Inc

Firm/Company

575 Pharr Rd NE 52946

Address

Atlanta, GA 30355

City/State and Zip Code

info@vetsbridgestohope.org

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

For further information concerning this matter, please call:

Sherri New

445-0434

at (Area Code & Daytime Telephone Number Name of Contact Person

202

Enclosed is a check made payable to the Florida Department of State for the following amount:

□\$35.00 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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is: Vets Bridges To Hope Inc

•	s authorized to transact busi 0000001678	April 1, 2020 ness in Florida on	_ and its Florida document
	on was formed under the law	Georgia vs of	
4. The name and	address of each officer and/	or director is as follows:	
<u>Title:</u> CEO		<u>Name and Address</u> Malik Marin	
		575 Pharr Rd NE, 52946	
		Atlanta, GA 30305	202
CFO/Secretary		Sherri New	2020 JUL
		575 Pharr Rd NE, 52946	 ອາ
	* •	Atlanta, GA 30305	
			
$2 \circ$	(Attach additi	onal pages if necessary)	
al		Secretary/CFO	
nature of an officer of New ed or printed name of		Title of person sig FILING FEE \$35	gning

Make checks payable to Florida Department of State and Mail to: Division of Corporations*PO Box 6327*Tallahassee, FL 32314

CR2E127 (8/08)

Sherri