

F20000001678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

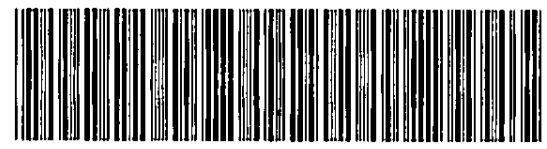
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900347390539 ✓

07/07/20--01027--021 **35.00

RECEIVED

JUL 06 2020

S TALLENT

OCT 13 2020

2020 OCT 13 PM 6:44

R/A 2/8



2020 AUG 20 PM 2:45

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2020

SHERRI NEW
VETS BRIDGES TO HOPE INC
575 PHARR RD NE, 52946
ATLANTA, GA 30355

SUBJECT: VETS BRIDGES TO HOPE INC
Ref. Number: F20000001678

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

FOR ITEM #6, THERE CAN ONLY BE ONE(1) REGISTERED AGENT. PLEASE AMEND ACCORDINGLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 720A00015944

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vets Bridges To Hope Inc
Name of Corporation

DOCUMENT NUMBER: F20000001678

The enclosed Statement of Change of Registered Office/Agent 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

Name of Contact Person

at 202

4450434

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
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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Georgia _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Vets Bridges To Hope Inc

2. The principal office address: 575 Pharr Rd NE, 52946, Atlanta, GA 30355

3. The mailing address (if different): _____

4. Date of incorporation/qualification: April 6, 2020 04/01/2020 Document number: F20000001678

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

(Resigned) PALLIN, TERRANCE
109 AMBERSWEET WAY, SUITE 280
DAVENPORT, FL 33897

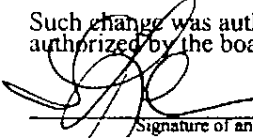
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Mack ~~and April~~ Roberson
604 Inwood Court
Orange Park, FL 32065
P.O. Box NOT acceptable

2020 OCT 13 PM 6:44

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

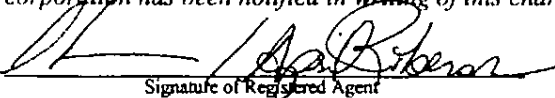


Signature of an officer or director

Sherri New, Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

June 26, 2020

Date

If signing on behalf of an entity:

Mack Roberson

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)