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(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: American Hometown Veteran Assis	st, Inc.
N07000007121 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing	·
Please return all correspondence concerning this matter to the following	ing:
Stephen A. Cade	
(Name of Cont	tact Person)
American Hometown Veteran Assist, Inc.	
(Firm/ Co	mpany)
PO Box 559	
(Addre	ess)
Newberry, FL 32669	
(City/ State an	d Zip Code)
sacade@gmail.com	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter, please call:	
Stephen Cade	352 213-3643
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Flo	70-71
\$35 Filing Fee	ng Fee & S52.50 Filing Fee Opy Certificate of Status

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 of

ACCOUNTY OF THE PARTY OF THE PA

American Hometown Veteran Assist, Inc.

(Name of Corporation a	s currently filed with the Flor	rida Dept. of State)	
N07000007121			
(Docume	nt Number of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	la Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following	
A. If amending name, enter the new name of the c	orporation:		
N/A		The new	
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	'corporation" or "incorporated	d" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicabl	5610 NW 4th Place	5610 NW 4th Place	
(Principal office address <u>MUST BE A STREET AD</u>)7	

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	9X) PO Box 559		
	Newberry, FL 32669)	
	 		
D. If amending the registered agent and/or register		, enter the name of the	
new registered agent and/or the new registered			
Name of New Registered Agent:	Stephen A. Cade		
•	5610 NW 4th Place		
(Florida street address)		lorida street address)	
New Registered Office Address:			
-	Gainesville	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		t the obligations of the position.	
	Stort !	Lo	
	Signature of New Regis	stered 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 <math>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	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1)Change	PD	Charles Wilder	256 SW California Terrace	
Add			Fort White, FL 32038	
X Remove				
2) Change	TD	Susan Wilder	256 SW California Terrace	
Add			Fort White, FL 32038	
X Remove				
3) Change	SD	Judy L. Keener	1901 SW US Highway 27	
Add			Fort White, FL 32038	
X Remove				
4) Change	PD	Joseph Jackson Crevasse	5929 NW 43rd Avenue	
X Add			Gainesville, FL 32606	
Remove				
5) Change	STD	Stephen A. Cade	5610 NW 4th Place	
X Add			Gainesville, FL 32607	
Remove				
6) Change	D	Faye Wilder	464 SW California Terrace	
, Add			Fort White, FL 32038	
X				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach, additional sheets, if necessary). (Be specific)			
Website: http://www.americanhometownvets.org			
	·		
	_		
			
			
			
	 		

		December 9, 2015	
	date of each amendment this document was signed	• •	, if other than the
	-	December 31, 2015	
CH	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
		his block does not meet the applicable statutory filing requirements, this date with the Department of State's records.	will not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment pproval.	(s)
	There are no members of adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	ı
	Dated	ember 9, 2015	
	Signature	Steph a. Cade	
	have	the chairman of vice chairman of the board, president or other officer-if director not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	S	tephen A. Cade	•
		(Typed or printed name of person signing)	•
	s	ecretary/Treasurer	
	_	(Title of person signing)	-

FILES