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R. WHITE SEP 19 2019 2018 SEP 17 AM 8: 4 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	Vets Helping Heroe	s, Inc.			
	07000010428				
DOCUMENT NUMBER:					
The enclosed Articles of Amer	ndment and fee are subm	itted for filing.			
Please return all corresponden	ce concerning this matter	to the following:			
Lisa Fendrich					
	(Name of Contact Per	son)		
Vets Helping Heroes, Inc.					
	· · · · · · · · · · · · · · · · · · ·	(Firm/ Company)			
980 N. Federal Highway, S	uite 110				
		(Address)			
Boca Raton, FL 33432					
	(City/ State and Zip C	ode)		
lisa@vetshelpingheroes.org	3				
E-r	nail address: (to be used	for future annual repo	rt notification	1)	
For further information concer	ning this matter, please c	all:			
Lisa Fendrich		į at	561	927-8387	
1)	Name of Contact Person)		Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the fol	lowing amount made pay	able to the Florida De	epartment of	State:	
■ \$35 Filing Fee	□S43.75 Filing Fee & [Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is seed)	
Mailing Address Amendment Section		Street Address Amendment Section			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 SEP 17 AM 8: 46

Vets Helping Heroes, Inc. (Name of Corporation as currently filed with the Florida Dept. of N07000010428 (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: 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. 980 North Federal Highway B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Suite 110 Boca Raton, FL 33432 C. Enter new mailing address, if applicable: SAME (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: Associated Corporate Services Name of New Registered Agent: 6111 Broken Sound Parkway, NW, Suite 200 (Florida street address) New Registered Office Address: _, Florida _ **Boca Raton** (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar with had accept the obligations of the position. Now 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	V Mik	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	EXD	Charles R Morgenstein	8000 N. Federal Highway
Add			Suite 207
X Remove			Boca Raton, FL 33487
2) Change			
Add			
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
· (attach additional sheets, if necessary).	(Be specific)					
N/A						
	11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					

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ľЪ.	N/A e date of each amendment(s) adoption:	if other than the
	e this document was signed.	n oner man tre
iff	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nument's effective date on the Department of State's records.	listed as the
۸da	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated August 20, 2018	
	Signature Signature	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Melvin Pollack	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	