

Amend  
S  
6-14-13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**ALL ABOUT VETERANS, INCORPORATED**

**NAME OF CORPORATION:** \_\_\_\_\_

**N10000002316**

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ROBERT B. ELLIS**

\_\_\_\_\_  
(Name of Contact Person)

**ALL ABOUT VETERANS, INCORPORATED**

\_\_\_\_\_  
(Firm/ Company)

**1016 39TH AVE. N.E.**

\_\_\_\_\_  
(Address)

**SAINT PETERSBURG, FL 33703**

\_\_\_\_\_  
(City/ State and Zip Code)

**RBELLIS2113@GMAIL.COM**

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

For further information concerning this matter, please call:

**ROBERT ELLIS**

**727**

**823-8640**

at ( \_\_\_\_\_ )

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

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

☐ \$35 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
13 MAY 13 AM 10:20  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

All About

VETERANS, INCORPORATED

(Name of Corporation as currently filed with the Florida Dept. of State)

N10000002316

(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:**

*The new 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.*

15100 HUTCHISON ROAD

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**) #103

TAMPA, FL 33625

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

15100 HUTCHISON ROAD

#103

TAMPA, FL 33625

**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:

15100 HUTCHISON ROAD #103

(Florida street address)

New Registered Office Address:

TAMPA

33625

Florida

(City)

(Zip Code)

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TS</u>	<u>ERIC RODRIGUEZ</u>	<u>5775 PARK STREET NOR</u> <u>#410</u> <u>SAINT PETERSBURG, FL</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> <input type="checkbox"/> Remove	<u>S</u>	<u>ROLAND BARROS</u>	<u>9364 NORTHWEST 53RD</u> <u>SUNRISE, FL 33351</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> <input type="checkbox"/> Remove	<u>T</u>	<u>ENRIQUE RIVERA</u>	<u>11717 PURE PEBBLE DRI</u> <u>RIVERVIEW, FL 33569</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u> <u></u> <u></u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u> <u></u> <u></u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u> <u></u> <u></u>

• **E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

a) All About Veterans is organized exclusively for charitable, religious, educational and s  
including, the making of distributions to organizations that qualify as exempt organization  
501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal t  
b) Upon the dissolution of the organization, assets shall be distributed for one or more e  
the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section  
, or shall be distributed to the federal government, or to state or local government for a p  
assets not disposed of by the court of Common Pleas of the county in which the principa  
is then located, exclusively for such purposes or to such organization or organizations, a  
which are organized and operated exclusively for such purposes.

May 8, 2013

The date of each amendment(s) adoption: \_\_\_\_\_

May 8, 2013

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

**(CHECK ONE)**

- ☐ 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.

May 8, 2013

Dated

Signature

Robert B. Ellis

(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)

Robert B. Ellis

(Typed or printed name of person signing)

President

(Title of person signing)