N12000005094

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DIVISION OF CORPORATION

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Villages Honor Flight, Inc. N12000005094 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Frances Into (Name of Contact Person) Villages Honor Flight, Inc. (Firm/ Company) 2107 Trout Ct (Address) The Villages, FL 32162 (City/ State and Zip Code) VHFtreasurer@villageshonorflight.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Frances Into (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Villages Honor Flight, Inc.	15 MAR 13 PM 2: 34
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
N12000005094	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
N/A	The ne
	tion" or "incorporated" or the abbreviation "Corp." or "Inc.
"Company" or "Co." may not be used in the name.	N/A
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
(Francipui Office address <u>MOST BE A STREET ADDRESS</u>)	
G. D	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office a	uuress:
Name of New Registered Agent:	
	(EL : L : a all : a)
New Registered Office Address:	(Florida street address)
	, Florida
(City)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obligations of the position.
Signature of New	Registered Agent, if changing

Page 1 of 4

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	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	John Driscoll	1645 Norfolk Ave
Add			The Villages, FL 32162
X Remove			
2) Change	<u>D</u>	Gary Kadow	2412 Due West Dr
X Add			The Villages, FL 32162
Remove	_		
3) Change	<u>D</u>	Barbara Cooksey	3219 Woodridge Dr
X Add			The Villages, FL 32162
Remove			
4) Change	D	Kristin Brooks	5384 Aurora Dr
X Add			Leesburg, FL 34748
Remove			
5) Change	 		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)				
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, The date of each amendment	(s) adoption: 3/09/2015	Fi. EL , if other than
ate this document was signed		SECRE TARY OF SHALL ONE OLIVISION OF CORPORATIONS
Effective date <u>if applicable</u> :	3/09/2015	
	(no more than 90 days after amendmen	nt file date) 15 MAR 13 PM 2: 34
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of vote proval.	es cast for the amendment(s)
There are no members or adopted by the board of c	members entitled to vote on the amendment(s). Th	e amendment(s) was/were
Dated 3/1	0/2015	
Signature	trances Hearto, 4	Masureu
have n	chairman or vice chairman of the board, president of been selected, by an incorporator – if in the handourt appointed fiduciary by that fiduciary)	or other officer-if directors
France	s Into	
	(Typed or printed name of person signing)	-
treasur	er	
	(Title of person signing)	

the