Naccosy

(Requesto	or's Name)	<u> </u>
(Address)	<u> </u>	
(Address)		
(City/State	e/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business	Entity Name)	<u>!!</u>
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SEP 0 7 2017 S. YOUNG

COVER LETTER

Division of Corporations	
NAME OF CORPORATION: VIII QUE	s Honor Flight, Inc
DOCUMENT NUMBER:	DEED 0 5094
The enclosed Articles of Amendment and fee are	
Please return all correspondence concerning this	matter to the following:
<u> </u>	ANA WAZTERS lame of Contact Person
<u>V11-1-1</u>	Firm/Company 4 PACKWATER WAY Address
i)	
THE	City/State and Zip Code
VHFSECE E-mail address: (to be	ETARY & UILLASEL HOIVOR PZITHT, UP used for future annual report notification)
For further information concerning this ma	tter, please call:
LIZA DIAMA WI Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fe Certificate of Sta	e & \$\subseteq\$ \$\
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 tu Articles of Incorporation

i	of
Villages Honor F	Hight Inc
(Name of Corporation)	as chargently filed with the Florida Dept. of State)
(Doctin	nent Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation: The new
name must be distinguishable and contain the word	l "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name 	1475 Farat Ct
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET)	DDRESS)
	The Villages, FL 32162
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE)	BOX) POBOX 490
	Lady Lake FL 32/58
D. If amending the registered agent and/or registered agent and/or the new register	stered office address in Florida, enter the name of the ed office address:
Name of New Registered Agent:	WAYNE GENEWALD
<u>New Registered Office Address</u>	P.O. Box NOT acceptable
	(City) (Zip Code)
New Registered Agent's Signature, if changing l	Registered Agent:
hereby accept the appointment as registered agently and the supposition of the suppositio	t I am familiar with and accept the obligations of the position.
 FI	W Cure Id
	Signature of Registered Agent
	Page 1 of 4

•		
address of each Officer (Attach additional sheet, Please note the officer/d P = President; V= Vice	and/or Director being s, if necessary) lirector title by the first President: T= Treasur = Chlef Financial Offic	
	aves the corporation, S	er Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is ally Smith is named the V and S. These should be noted as John Doe, PT as a Change, as an Add.
Example: X Change X Remove X Add	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	Title Na	m e Address
Change Add Remove	<u> </u>	ARK EKDRICH 2479 MONZOE TENKACE THE VILLAGE FL 32162
2) Change Add Remove	<u>√</u>	THE VILLAGED FL 32162
Change Add Remove		THE U1-LAGE FI 3-2162
4) Change Add Remove	Urls L	12 A DIAMA WAZTEN 2474 BACKWATEN WAS WAS WAS WAS STEED WAS SELECTED WA
5) Change Add Remove	L L	THE VILLAGEP FL 3:2163
6) Change Add Remove	CFOJT W	AGNE GRUNEWARD 1475 EGILET CT THE VILLAGE 12 32162
		U Page 2 of 4

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
`	•	• • • •	
7	JANE!	Dow	PETIONE RESIGNES
8.	ADD	BRI	AN SACUER D
			OLD CHEEP RD BLDG 210
			THE VILLAGER FL 32/62
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			l _i
			
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The date of each amendment(s) adoption:	, if other than th
late this document was signed.	
Effective date <u>if applicable</u> :	II.
	re than 90 days after amendment file date)
Name (Cale data in and in this black days are	at the annice his statutum. Gling requirements, this data will not be listed as the
Note: If the date inserted in this block does not make the locument's effective date on the Department of St	eet the applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)
The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for the amendment(s)
☐ There are no members or members entitled to adopted by the board of directors.	vote on the amendment(s). The amendment(s) was/were
adopted by the board of directors.	
Dated 8 -17 - 2	2017
Signature	- Walved
(By the chairman or vice cl	hairman of the board, president or other officer-if directors
	an incorporator – if in the hands of a receiver, trustee, or
other court appointed fidu	
6124	DIANA WALTERO
	(Typed or printed name of person signing)
UPIRE	(Title of person signing)
•	(Title of person signing)