NIHODOBlett

. (Re	equestor's Name)	
. (Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: American Fol	undation for Qua	lity Veterans Care, Inc.
DOCUMENT NUMBER: N1400008	660	
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Steven Swank	-	
	(Name of Contact Person	n)
American Foundation for	r Quality Ve	terans Care, Inc.
	(Firm/ Company)	
4335 Aegean Drive, #15	0A	
	(Address)	
Tampa, FL 33611		
	(City/ State and Zip Cod	2)
stevenwswank@g		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Steven Swank	_{at (} 941	720-1920 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	ortment 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		Address
Division of Corporations		ment Section n of Corporations
P.O. Box 6327	Clifton	Building
Tallahassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

		of	0.00	_		
American Foundation fo	2038	111112	AM H: 53			
(Name of Corporation as current	ly filed with the Flo	orida Dept. of State)				
N14000008660						
(Documen	t Number of Corpora	ation (if known)	•			
Pursuant to the provisions of section 617, amendment(s) to its Articles of Incorporat		es, this <i>Florida Not For Proj</i>	it Corporation :	idopts the fo	llowing	
A. If amending name, enter the new na	me of the corporati	ion:				
Research and Treatment	for Chronic	Traumatic Encep	halopathy	, Inc. $_{\tau}$	The new	
name must be distinguishable and contain "Company" or "Co." may not be used in	•	tion" or "incorporated" or t	he abbreviation			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4335 Aegean Di	rive, #150	Α		
		Tampa, FL 33611				
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)		4335 Aegean Drive, #150A				
		Tampa, FL 33611				
D. If amending the registered agent an new registered agent and/or the new			the name of th	<u>e</u>		
	Steven Swa					
Name of New Registered Agent:			_			
	4335 Aegean Drive, #150A					
New Registered Office Address:		(Florida street address)				
	Tampa		Florida 336	11		
		(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

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	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) X Change	PD	Steven Swank	4335 Aegean Drive, #150A	
Add			Tampa, FL 33611	
Remove				
2) X Change	D	Robert Wells	4335 Aegean Drive, #150A	,
Add			Tampa, FL 33611	Y
Remove 3) Change	D	Kirk Calvert	4335 Aegean Drive, #150A	
X Add		 	Tampa, FL 33611	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove			<u> </u>	
6) Change				
Add				
Remove				

attach additional sheets.	if necessary).	(Be spec	ific)				
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The date of each amendment(s) a	doption: February 5, 2016	-
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes east for the amendment(s) al.	
■ There are no members or mem adopted by the board of direct	ors.	
Dated 777	200 Sugard	
have not be	rman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator ~ if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Steven Sv	vank	
	(Typed or printed name of person signing)	
President/	'Director	
	(Title of person signing)	