N14000008804

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DIVISION OF CORPORATIONS

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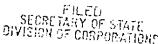
TO: Amendment Section
Division of Corporations

AVALUE OF CORROR LETON	MUNITY ORGANIZA	ATIONS ACTIVI	E IN DISASTER, INC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su			
Please return all correspondence concerning this ma	atter to the following:		
KAREN LEONE, J.D., E.A.			
	(Name of Contact	Person)	
KAREN LEONE, J.D., E.A., LLC			
	(Firm/ Compa	ny)	
231 NORTH ORANGE AVENUE			
	(Address)		
DELAND FL 32720			
	(City/ State and Zi	p Code)	
KLEONE2@CFL.RR.COM			
E-mail address: (to be us	sed for future annual r	eport notification)
For further information concerning this matter, plea	se call:		
KAREN LEONE	•	386 at	416-8972
(Name of Contact Pers			(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	a Department of S	State:
□ \$35 Filing Fee	& \$\square\$\$43.75 Filing Fe is Certified Copy (Additional copy enclosed)	Certifi y is Certifi	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Secti	ion

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



VOLUSIA COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER, INC. 16 FEB 16 PH 12: 44 (Name of Corporation as currently filed with the Florida Dept. of State) N14000008804 (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: NOT APPLICABLE 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. NOT APPLICABLE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: NOT APPLICABLE (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: NOT APPLICABLE Name of New Registered Agent: (Florida street address) New Registered Office Address: 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: X Change X Remove X Add	<u>V Mik</u>	n Doe le Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	DEANIE LOWE	1065 NORTH HALIFAX DR.
/ Add			ORMOND BEACH FL
X Remove			32174
2) Change	D	GERALD BRANDON	14 IROQUOIS TRAIL
X Add			ORMOND BEACH FL
Remove			32174
3) Change			
	- 	<u> </u>	
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)	
NOT APPLICABLE	
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The date of each amend date this document was si		, if other that	an the
Effective date if applical	FEBRUARY 9, 2016	F. B. C.L. SECRETARY OF STALL DIVISION OF CORPORATION	
Directive date <u>ir applica</u>	(no more than 90 days after	amendment file date)	
	in this block does not meet the applicable sta on the Department of State's records.	16 FEB 16 PA 12: 44, tutory filing requirements, this date will not be listed as th	ıe
Adoption of Amendmen	t(s) (<u>CHECK ONE</u>)		
The amendment(s) was/were sufficient f	vas/were adopted by the members and the num or approval.	nber of votes cast for the amendment(s)	
There are no membe adopted by the board	rs or members entitled to vote on the amendment of directors.	ent(s). The amendment(s) was/were	
Dated _	2/11/16	_	
Signature _	Frank Duno		
h	the chairman or vice chairman of the board ave not been selected, by an incorporator – if ther court appointed fiduciary by that fiduciar	in the hands of a receiver, trustee, or	
	FRANK BRUNO		
	(Typed or printed n	ame of person signing)	
	DIRECTOR		
	(Title of	f person signing)	