## N16421

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





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## **COVER LETTER**

TO: Amendment Section Division of Corporations

VEW VETER AND VILLAGE	NC .
NAME OF CORPORATION:	18NC
N16421 DOCUMENT NUMBER:	INC.
The enclosed Articles of Amendment and fee are submitted for t	iling.
Please return all correspondence concerning this matter to the fo	llowing:
PAM LOTMAN	
(Name of	Contact Person)
DEPARTMENT OF FLORIDA VFW VETERANS VILLAGE	INC.
(Firm	/ Company)
13005 NE 135TH STREET	
(A	Address)
FORT McCOY FL 32134	
(City/ Stat	e and Zip Code)
Pam.lotman@vfwveteransvillage.org	
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
Pam Lotman	352 236-0823
(Name of Contact Person)	at(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	ne Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status (Addition enclose)	d Copy Certificate of Status onal copy is Certified Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

VFW VETERANS VILLAGE INC.

(Name of Corporation as currently filed with the	Florida Dept. of State)	2
N16421		7
(Docum	ent Number of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Flor amendment(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	corporation:	
DEPARTMENT O FLORIDA VFW VETERANS	VILLAGE INC.	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		
B. Enter new principal office address, if applica	N/A	
(Principal office address MUST BE A STREET A		
	·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	B <i>OX</i> ) N/A	
	<del></del>	
D. If amending the registered agent and/or regis		nter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	N/A	
<u>New Registered Office Address:</u>	(Flor	ida street address)
New Registered Office Address.	N/A	
	(City)	, Florida (Zip Code)
		(zip Cine)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen.		a abligations of the nasition
т петелу иссертне арронитель аз тедынетва идель	і. Тат затнат жил апа иссері іг	e omganons of the position.
_	Signature of New Register	red 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	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	OFFICE	CLINESMITH, MIKE	13005 NE 135TH STREET FORT McCOY, FL. 32134
x Remove			
2) Change Add	OFFICE	WILLIAM MCQUAIG	13005 NE 135TH STREET FORT McCOY FL. 32134
Remove 3) Remove × Add Remove	OFFICE	STEVE SURFACE	13005 NE 135TH STREET FORT McCOY FL. 32134
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove  E. If amending or addin (attach additional shee		Page 2 of 4  cles, enter change(s) here:  (Be specific)	
N/A			

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Page 3 of 4	
Tage 5 of 4	
The date of each amendment(s) adoption: N/A	
The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
	•• • •
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
accument a cricewise date on the Department of State 8 records.	
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.	

Dated	01/10/2020
Signatu	(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)
	CHESTER H PYATT CHESTER H. PYATT
	(Typed or printed name of person signing)
	BOARD PRESIDENT
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.