

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



100306061711

11/28/17--01023--001 \*\*43.75

S TALLENT NOV 3 0 2017

7 NOV 29 PN 3: 16

Amond

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Heroes and Sheroes Inc.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Janessa Timpone (Name of Contact Person)
Heroes and Sheroes Inc (Firm/Company)
209 17th Ave N. (Address)
(Address)
Jackson ville Blach FL 32250 (City/ State and Zip Code)
(City/ State and Zip Code)
herves and sherves team agamail. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Janess Timpone at 347 900 - 4196  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address

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

Heroes and Sheroes Inc	<u> </u>	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	
N17000006916		
	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the corporati	tion:	
	The new	
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:	209 17th Ave N.	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Jacksonville Beach FL 3225	5 O
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE	
D. If amending the registered agent and/or registered office	ice address in Florida, ander the name of the	
new registered agent and/or the new registered office a		
Name of New Registered Agent:	SAME AS ABOVE	
	in the second se	
New Registered Office Address:	(Florida street address)	
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am far	imiliar with and accept the obligations of the position.	
Si	Signature of New Registered Agent, if changing	

· · · · · · · · · · · · · · · · · · ·	= Chief Financia	al Officer. If an offi		han one title, list the first letter of each office
	aves the corpora	tion, Sally Smith is i		e PST and Mike Jones is listed as the V. There is e should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add		Doe Jones Smith	٠.,	
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change Add Remove	Die.	Larry	Goodin	115 Midland Are Papamus NJ 07653
2) Change Add Remove		<del></del>		
3) Change Add Remove				
4) Change Add Remove				
5) Change Add				
Remove 6) Change Add			<del> </del>	
Remove				

- If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

			Articles, enter cha y). (Be specific)	nge(s) here:		
*	Addres	ss cl	nange:	·		
Ren Of	noval Linecto	of ars	Larra As of	9 (200din 8/1/17	<b>O</b> n	Board

•	The date of each amendment(s) adoption: 8/1/17 Removal Larry 600010, if other than the date this document was signed.  9/15/17 Address Change
	Effective date if applicable: 11/28/17  (no more than 90 days after amendment file date)
	* (no more than 90 days after amendment file date)
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's 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.
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated $11/28(17$
	Signature James Jimponl
	(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)
	Tanessa Timone (Typed or printed name of person signing)
	President
	(Title of person signing)