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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATIO	MENTORS FOR H	IILLSBOROUGH CO	OUNTY VETE	ERANS, INCORPORATED
8 DOCUMENT NUMBER: _	31-4926095			
The enclosed Articles of Ame	endment and fee are sub	mitted for filing.		
Please return all corresponder	nce concerning this matt	er to the following:		
DONALD P. DECORT				
		(Name of Contact Pe	rson)	·
	,	(Firm/ Company)	
11120 CIRCLE PRESS LI	N			
*****		(Address)		
RIVERVIEW, FL 33578				
		(City/ State and Zip (Code)	
DDECORT70@GMAIL.CO	ОМ			
E	mail address: (to be use	d for future annual rep	ort notification	n)
For further information conc	eming this matter, please	e call:		
DON DECORT		at	(813)	598-0084
((Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made p	ayable to the Florida l	Department of	State:
\$35 Filing Fee	\$43,75 Filing Fee & Certificate of Status		Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A Amendmen Division o P.O. Box 6	nt Section f Corporations	An Div	reet Address mendment Sect vision of Corp te Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

MENTORS FOR HILLSBOROUGH COUNTY VETERANS, INCORPORATED

(Name of Corporation as currently filed with the	Florida Dept. of State)	702
81-4926095		
(Docum	nent Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not F</i>	or 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 "Company" or "Co." may not be used in the name		d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	<u>ible:</u> IDDRESS) 11120 CIRCLE PF	ESS LN
	RIVERVIEW FL 33	578
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		7028 W. Waters Ave TC FL 33b34
D. If amending the registered agent and/or regi	stered office address in Florida	
new registered agent and/or the new registered office address: DONALD P. DECORT		
Name of New Registered Agent:	11120 CIRCLE PRESS LN	
New Registered Office Address:	,	ilorida street oddress)
	RIVERVIEW	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ages	Registered Agent: nt. I am familiar with and accep	t the obligations of the position.
	Don De	Cort
-	Signature of New Regi	stered 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 I V Mike J SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>D</u>	GARY HIMERT	3723 EAGLEWOOD ST VALRICO, FL 33596
	<u>D</u>	JOHN HOPECK	723 EAGLEWOOD ST VALRICO, FL 33596
X Remove 3) Change Add X Remove	<u>D</u>	CARL FLANAGAN	723 EAGLEWOOD ST VALRICO, FL 33596
4) Change X Add	D	DONALD P. DECORT	MHCV 7028 WATERS AVE, PMB VTC TAMPA, FL 33634
Remove 5) Change Add	<u> Đ</u>	DWIGHT BROWN	MHCV 7028 WATERS AVE, PMB VTC TAMPA, FL 33634
Remove 6) Change X Add	D	ANDREW STEPHAN	MHCV 7028 WATERS AVE, PMB VTC TAMPA, FL 33634
E. If amending or additional she	ng additional A ets, if necessary)	rticles, enter change(s) here: . (Be specific)	
ARTICLE III:			
DELETE CURRENT TEXT. ADD: SERVE AS THE CHAI	RITABLE ARM OF A	AND VEHICLE TO PROVIDE SUPPORT TO THE ME	NTORS OF HILLSBOROUGH COUNTY VETE
		PARTICIPATING IN THE VTC, AS WELL AS OTHER	
BOARD OF DIRECTORS AN	ID PERMITTED BY	ŁAW.	

ARTICLE VI (CO	NT'D):		
7) ADD:) I	RON ROOK	MHVC, 7028 W WATERS AVE, PMBC V
			TAMPA, FL 33634
8) ADD:	D 1	KEITH POYNOR	MHVC, 7028 W WATERS AVE PMBC V
			TAMPA, FL 33634
			
The date of each a date this document	mendment(s) adoption was signed	MARCH 16, 2020	, if other than the
Effective date if ap	MARCH 16	6, 2020	
Ellective date it al	phicable.	no more than 90 days after ame	ndment file date)
	serted in this block doe e date on the Departme		ry filing requirements, this date will not be listed as the
Adoption of Amen	dment(s)	(CHECK ONE)	
	nt(s) was/were adopted cient for approval.	by the members and the number	of votes cast for the amendment(s)

•

Dated	
Signature Darrey J. Leyes	
(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)	
, , , , , , , , , , , , , , , , , , , ,	
Darryl J. Reyes	
/ (Typed or printed name of person signing)	
Director / President	
(Title of person signing)	
Darryl J. Reyes (Typed or printed name of person signing) Director President (Title of person signing)	

MARCH 16, 2020