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SECRETARY OF STATE

C. GOLDEN NAY 1 5 2018

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Valiant	Heart Co	mpanians
DOCUMENT NUMBER: <u>N 1800000 (</u>	711	
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
	Condice Har	·}
	(Name of Contact Persor	
	(Firm/ Company)	
163	35 W. Daugh (Address)	tery Rd
	(Address)	,
/ake lar	nd, Fl 338 (City/ State and Zip Code	10
	(City/ State and Zip Code	2)
E-mail address: (to be use	/It companion	S. O. 9
For further information concerning this matter, please	·	
Candice Hart	at_ &	ea Code) (Daytime Telephone Number)
(Name of Contact Person	ı) (Ar	ea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\text{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		Address
Amendment Section Amendment Section Division of Corporations Division of Corporations		n of Corporations
P.O. Box 6327 Clifton Building		Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

		_	
	les of Amendment to es of Incorporation of	ASECALIAN TA	14 PM 3.37
(Name of Corporation as curre	art Comp	anians, inc orida Dept. of State)	(S) (S)
Document Num	0001711 ber of Corporation (if		VALO.
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not</i> i	For Profit Corporation adopts the following	
A. If amending name, enter the new name of the corpora	tion:		
name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MA	The new ted" or the abbreviation "Corp." or "Inc."	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA		
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office Name of New Registered Agent:	ice address in Florid address: MA	a, enter the name of the	
New Registered Office Address;		(Florida street address)	
	(Citv)	Florida, Florida	
	(City)	(zip Cone)	

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Remove			
2) Change Add Remove		· · · · · · · · · · · · · · · · · · ·	
3) Change Add Remove		- 1/1+	
4) Change Add Remove			
5) Change Add			
Remove 6) Change Add			
Remove			

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
		
·		
		
	· · · · · · · · · · · · · · · · · · ·	

Fhé dafe of each amendment(s) and the this document was signed.	deption:	, if other than the
rate this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
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 ame	endment(s)
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) wors.	vas/were
Dated	0/2018	
Signature	Mah Step	
have not be	man or vice chairman of the board, president or other officer-if en selected, by an incorporator – if in the hands of a receiver, tre appointed fiduciary by that fiduciary)	
	Candice Harr	
	(Typed or printed name of person signing) Director (Title of person signing)	