## 1

## N18000004032

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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## COVER LETTER

TO: mendment Section Division of Corporations	•
NAME OF CORPORATION: Save A Veteran Everyday	Foundation, Inc.
DOCUMENT NUMBER: N18000004032	
The enclosed Articles of Amendment and fee are submitted	for filing
Please return all correspondence concerning this matter to the	e following:
Clint J. Streicher	
(Nam	e of Contact Person)
Save A Veteran Everyday Foundation, Inc.	
(1	Firm/ Company)
160 Camino Real, Suite 252	
<del>-</del>	(Address)
Boca Raton, FL 33432	
(City/	State and Zip Code)
clint.streicher@gmail.com	
E-mail address: (to be used for fu	iture annual report notification)
For further information concerning this matter, please call:	
Clint Streicher	(561) 609-7373
(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:
(Ad	3.75 Filing Fee & U\$52.50 Filing Fee tified Copy Iditional copy is closed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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## Articles of Amendment to Articles of Incorporation of

Articles of It

(Name of Corporation as cur	rently filed with the Florid	da Dept. of State)
N18000004032		
(Document Nu	imber of Corporation (if known	own)
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	itutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		.,. w.
D. If amending the registered agent and/or registered a new registered agent and/or the new registered office		nter the name of the
Name of New Registered Agent:		
	(Floi	rida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register		
I hereby accept the appointment as registered agent. I an	i familiar with and accept to	he obligations of the position.
	Signature of New Registe	red Agent, if changing

Page 1 of 4



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:

(Attah 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 = Chairmon or Clerk; CEO = ChiefExecutive 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</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Brandon T. Mito	160 Camino Real
Add			Suite 252
X Remove			Boca Raton, FL 33432
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional shee	g additional Articles ts, if necessary). (b	Зе specific)		
	· -		<del>-</del> -	 •
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			- <b>-</b>	
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The date of each amendment(	s) adoption:	, if other than the
date this document was signed		
	01/28/19	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del>_</del>
	is block does not meet the applicable statutory filing requirements, this date will not be department of State's records.	listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/we was/were sufficient for app	are adopted by the members and the number of votes east for the amendment(s) proval.	
There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were irectors	
Dated 01/28/	19	
Signature C		
(By the have m	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
Clin	n J. Streicher	
_	(Typed or printed name of person signing)	
Pres	sident	
	(Title of person signing)	