

N1800000 8984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2020 MAR 16 PM 12:47

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

MAR 18 2020  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 FEB 16 11:29

February 3, 2020

CAMILLE VAN SANT  
OPERATION ECO VETS INC  
350 BRADEN AVENUE  
SARASOTA, FL 34243

SUBJECT: OPERATION ECO VETS, INC.  
Ref. Number: N18000008984

We have received your document for OPERATION ECO VETS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 4 OF 4 IS A PROFIT PAGE, YOU NEED A NOT FOR PROFIT PAGE

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 220A00000338

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: OPERATION ECO VETS. INC.

DOCUMENT NUMBER: N18000008984

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAMILLE VAN SANT

Name of Contact Person

OPERATION ECO VETS, INC.

Firm/ Company

350 BRADEN AVENUE

Address

SARASOTA, FL 34243

City/ State and Zip Code

admin@operationecovets.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAMILLE VAN SANT

Name of Contact Person

at ( 941 ) 219-8715

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
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**

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

Operation ECO Vets, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N18000008984  
(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adding  
amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

new  
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."  
"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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the  
new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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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:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>JOCEY HENDERSON</u>	<u>22556 BOLANOS CT.</u>
<input type="checkbox"/> Add			<u>PORT CHARLOTTE, FL 33952</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>JAMES PAYNE</u>	<u>5326 WELLFLEET DR. N.</u>
<input type="checkbox"/> Add			<u>SARASOTA, FL 34242</u>
<input type="checkbox"/> Remove			<u>350 BRADEN AVE.</u>
3) <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>MIKE INGRAM</u>	<u>SARASOTA, FL 34243</u>
<input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>T</u>	<u>RICHARD McDANIEL</u>	<u>601 ROSERY RD. NE</u>
<input checked="" type="checkbox"/> Add			<u>LARGO, FL 33770</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>TS</u>	<u>ANNE MILLER</u>	<u>2518 DUMONT LANE</u>
<input checked="" type="checkbox"/> Add			<u>NORTH PORT, FL 34286</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change		<u>Edwin Robinson</u>	<u>11915 Winterset Cove Dr</u>
<input checked="" type="checkbox"/> Add			<u>Riverview, FL 33579</u>
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  
*(if not applicable, indicate 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)*

- ☐ 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

2/15/2020

Signature

Joey Henderson  
(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)

Joey Henderson

(Typed or printed name of person signing)

President

(Title of person signing)