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2022 FEB 28 AH 9: 01
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Highland View V	olunteer Fire Depart	ment Inc	
N21000000576			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are s	ubmitted for filing.		
Please return all correspondence concerning this m	atter to the following	ž:	
Jackie D. Strayer, Jr.			
	(Name of Contac	et Person)	· · · · · · · · · · · · · · · · · · ·
Highland View Volunteer Fire Department Inc			
	(Firm/ Comp	pany)	
481 Dolphin St.			
	(Addres:	s)	
Port Saint Joe. FL 32456			
	(City/ State and 2	Zip Code)	
johnstrayer@yahoo.com			
E-mail address: (to be u	ised for future annua	l report notification	on)
For further information concerning this matter, ple	ase call:		
Patricia Strayer		850	481-3762
(Name of Contact Per	son)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Flor	ida Department o	f State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee a Certificate of Statu		y Certi py is Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sec Division of Corp The Centre of	porations

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Highland View Volunteer Fire Department Inc 2022 FEB 28 AM 9: 01 (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE N21000000576 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Highland View Fire, Search and Rescue Inc 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: . Florida (Zip Code) (Cin) 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: XChange X Remove X Add	PT John D. V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change Add		<u>N/A</u>	
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add	-		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	ng additional Artess, if necessary).	ticles, enter change(s) here: (Be specific)	
N/A			

		
		
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	<u> </u>	
The date of each amendment(s) adoption date this document was signed.	n:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doc document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not ent of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

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

O2/24/2022

Signature

(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)

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