

Oct/07/2021 8:51:16 PM

Rhonda L. Hinds & Assoc CPA PA 3214542288

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N21000005788

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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Account Name : RHONDA L. HINDS & ASSOCIATES CPA PA  
Account Number : I20200000101  
Phone : (321)454-2266  
Fax Number : (321)454-2288

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
BACK BREVARD HEROES INC.**

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BACK BREVARD HEROES INC

DOCUMENT NUMBER: N21000005788

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

Please return all correspondence concerning this matter to the following:

Rhonda Hinds

(Name of Contact Person)

Rhonda L Hinds & Associates CPA PA

(Firm/ Company)

160 McLeod Street

(Address)

Merritt Island FL 32953

(City/ State and Zip Code)

backbrevardheroes@gmail.com

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

For further information concerning this matter, please call:

Rhonda Hinds

321

454-2266

at

(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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

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Articles of Amendment  
to  
Articles of Incorporation  
of

BACK BREVARD HEROES INC

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

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

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

*The 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**)

511 N. Courtenay Pkwy  
Merritt Island, FL 32953

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:

Kimberley Tucker

New Registered Office Address:

511 N. Courtenay Pkwy

(Florida street address)

Merritt Island

(City)

Florida 32953

(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.

*Kimberley Tucker*

Signature of New Registered Agent, if changing

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JUDICIAL CIRCUIT IN AND FOR  
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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>I</u>	<u>Jennifer Parrish</u>	<u>2425 N Courtney Pkwy,</u> <u>Merritt Island, FL 32953</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>I</u>	<u>Tina Herman</u>	<u>511 N. Courtney Pkwy</u> <u>Merritt Island, FL 32953</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Stephanie Morello</u>	<u>2425 N Courtney Pkwy</u> <u>Merritt Island, FL 32953</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

#### ARTICLE III

The organization is organized exclusively for the charitable, religious, educational, and scientific purposes under Section

501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

#### ARTICLE IX

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning

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of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future tax code, or shall be distributed to the federal government or to a state or local government, for a public purpose.

The date of each amendment(s) adoption: 10/5/2021, if other than the date this document was signed.

Effective date if applicable: 10/5/2021  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

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☒ 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 10-5-21

Signature S. Centore

(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)

Sherri Centore  
(Typed or printed name of person signing)

President  
(Title of person signing)

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TALLAHASSEE, FLORIDA

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