

P140000003019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

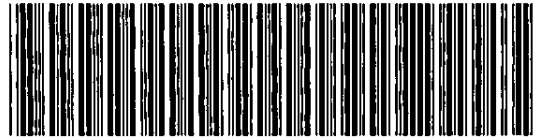
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend / CC
Cus
(1a) 12/4/14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Walk for Rehabbing Vets Charity 123, Inc

DOCUMENT NUMBER: P14000003019

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

Please return all correspondence concerning this matter to the following:

R. Samuel Leonard, President

Name of Contact Person

Walk for Rehabbing Vets Charity 123, Inc

Firm/ Company

8701 Twin Lakes Blvd

Address

Tampa, FL 33614

City/ State and Zip Code

rsamleonard@gmail.com

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

For further information concerning this matter, please call:

R. Samuel Leonard at (727) 207-4076

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:

☐ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

WALK FOR REHABING VETS CHARITY 123, INC
(Name of Corporation as currently filed with the Florida Dept. of State)

P14000003019

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

N/A

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8701 Twin Lakes Blvd

Tampa, FL 33614

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8701 Twin Lakes Blvd

Tampa, FL 33614

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

N/A
(Florida street address)

New Registered Office Address:

Florida

(City)

(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.

N/A
Signature of New Registered Agent, if changing

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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 PT John Doc

<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
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X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

DVP

ALLEN M BLAKE

2017 STRATFORD DRIVE

☐ Add

SARASOTA, FL 34232

☒ Remove

2) ☐ Change

§

DEBRA M MCCAULEY

2017 STRATFORD DRIVE

☐ Add

SARASOTA, FL 34232

☒ Remove

3) ☐ Change

D

JANE MCGILL

8701 TWIN LAKES BLVD

☐ Add

TAMPA, FL 33614

☒ Remove

4) ☐ Change

D

JANE MAGILL

8701 TWIN LAKES BLVD

☒ Add

TAMPA, FL 33614

☐ Remove

5) ☐ Change

DS

RIVERSON S LEONARD JR

805 HARBOR DRIVE

☒ Add

BELLEAIR BEACH, FL

☐ Remove

33786

6) ☐ Change

☐ Add

☐ Remove

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

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

~~PSL N/A~~

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)

~~PSL 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)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

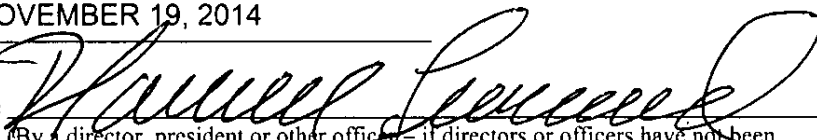
by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated NOVEMBER 19, 2014

Signature


(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

R. SAMUEL LEONARD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)