

MOOSE

(Requestor's Name)

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PICK-UP WAIT MAIL

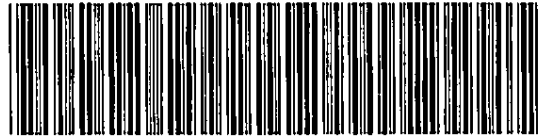
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/18/17--01017--007 ++10.00

Amel

AUG 21 2017



17 AUG 18 AM 11:04

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2017

DAVID THOMAS
78 FISHERWAY LOOP
OCKLAWAHA, FL 32179

SUBJECT: THE FIRST FLORIDA CHAPTER OF THE MILITARY VEHICLE
PRESERVATION ASSOCIATION, INC.
Ref. Number: N00594

We have received your document for THE FIRST FLORIDA CHAPTER OF THE
MILITARY VEHICLE PRESERVATION ASSOCIATION, INC. and your check(s)
totaling \$25.00. However, the enclosed document has not been filed and is being
returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted
are for a Florida limited liability company. The correct form is enclosed and an
additional filing fee of \$10.00 is due.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 017A00015473

RECEIVED
17 AUG 16 PM 3:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: First Florida Chapter of the Military Vehicle Preservation Association, Inc

DOCUMENT NUMBER: N00594

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

Please return all correspondence concerning this matter to the following:

David S. Thomas
(Name of Contact Person)

First Florida Chapter of the Military Vehicle Preservation Association, Inc
(Firm/ Company)

78 Fisher Way Loop
(Address)

Ocklawaha, FL 32179
(City/ State and Zip Code)

halftrackdave@yakoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stan A. Kinmonth at 904 276-1418
(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)
- \$25 already provided*

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

FILED
17 AUG 18 AM 11:04

First Florida Chapter of the Military Vehicle Preservation Association, Inc

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

N00594

(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:

N/A _____ *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)

N/A _____

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A _____

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 _____

New Registered Office Address: _____
(Florida street address)

N/A _____ 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

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>T</u>	<u>Michael Roberts</u>	<u>1510 SE 5th Street</u>
<input type="checkbox"/> Add			<u>Stuart, FL 34996</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>TS</u>	<u>Stan A. Kinmonth</u>	<u>194 Malley Cove Lane</u>
<input checked="" type="checkbox"/> Add			<u>Fleming Island, FL 32003</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change		<u>N/A</u>	
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change		<u>N/A</u>	
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change		<u>N/A</u>	
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change		<u>N/A</u>	
<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)

no other changes

PLEASE NOTE - Mr. Kinmonth has been and remains Secretary in addition to the new, combined position as Treasurer.

July 23, 2017

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

July 23, 2017

Effective date if applicable: _____
(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.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

July 23, 2017

Dated _____

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)

Stan A. Kinmonth

(Typed or printed name of person signing)

Secretary / Treasurer

(Title of person signing)