

NO2000001765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

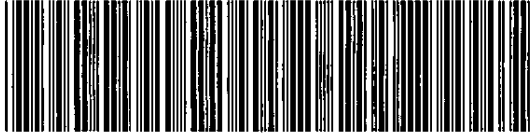
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100160351301

09/09/09--01018--021 \*\*87.50

FILED  
09 OCT -6 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend.  
10-6-09  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2009

LESTER WILKES  
P. O. BOX 879  
WILLISTON, FL 32696

SUBJECT: AMERICAN VETERANS POST 444, INC.  
Ref. Number: N02000001765

We have received your document and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent must sign accepting the designation.

FILING FEES DUE TO FILE RESIGNATION OF REGISTERED AGENT, REGISTERED AGENT CHANGE AND OFFICER/DIRECTOR RESIGNATION IS \$157.50. HOWEVER, ALL INFORMATION AND CHANGES CAN BE MADE ON THE FORM ARTICLES OF AMENDMENT FOR \$35 FILING FEE AND \$8.75 (FOR EACH CERTIFIED COPY AND CERTIFICATE OF STATUS REQUESTED). THE AMENDMENT FORM HAS BEEN ENCLOSED.

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) 245-6906.

Darlene Connell  
Regulatory Specialist-II

Letter Number: 609A00030572

2009 OCT -6 AM 8:00  
TALLHASSEE, FLORIDA  
CLERK OF STATE

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION:** AMERICAN VETERANS POST 444

**DOCUMENT NUMBER:** NO2000001765

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

Please return all correspondence concerning this matter to the following:

JAMES R. MILLER  
(Name of Contact Person)

AMERICAN VETERANS POST 444  
(Firm/ Company)

13251 N.E. 52<sup>ND</sup> PLACE  
(Address)

WILLISTON, FLA. 32696  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

JAMES R. MILLER at (305) 274-0693  
(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 type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

FILED  
OCT - 6 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMERICAN VETERANS Post 444, INC  
(Name of Corporation as currently filed with the Florida Dept. of State)

NO2000001765

(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:**

*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)

13751 N.E. 52<sup>nd</sup> PLACE  
Williston, FLA.  
32696

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

P.O. Box 879  
Williston, FLA.  
32696

**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: NAMES R. MILLER

New Registered Office Address: 13751 N.E. 52<sup>nd</sup> PLACE  
(Florida street address)

Williston, Florida 32696  
(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.*

James R. Miller  
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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
COMANDER	LESTER WILKES		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
COMANDER	JAMES R. MILLER	6030 N.E. 131 <sup>ST</sup> AVE WILLINGTON, FL 32676	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<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)*

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

The date of each amendment(s) adoption: 5/1/09  
*(date of adoption is required)*  
Effective date if applicable: 6/1/09  
*(no more than 90 days after amendment file date)*

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.

Dated 10/5/08

Signature James R. Miller  
(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)

JAMES R. MILLER  
(Typed or printed name of person signing)

COMRADE  
(Title of person signing)