

N120000001158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

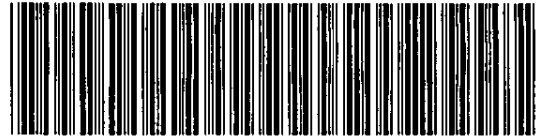
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 SEP 15 PM 4:23
DIVISION OF CORPORATIONS
STATE OF ALABAMA

C. LEWIS
SEP 23 2014
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2014

YVONNE MURRAY / DAYS OF GLORY INC
18374 N CELIS ST
MANICOPA, AZ 85138 US

SUBJECT: DAYS OF GLORY, INC.
Ref. Number: N12000001158

We have received your document for DAYS OF GLORY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the date that the original document was filed.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 514A00019024

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Days of Glory, Inc.

DOCUMENT NUMBER: N12000001158

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

Please return all correspondence concerning this matter to the following:

Yvonne Murray
(Name of Contact Person)

Days of Glory, Inc
(Firm/ Company)

18374 N. Celis ST
(Address)

Maricopa, AZ 85138
(City/ State and Zip Code)

info@daysofglory.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvonne Murray, Treasurer at 520, 423-9290
(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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 SEP 15 PM 4:23

Days of Glory, Inc

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

112000001158

(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)

&

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:

&

(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.

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:

☒ Change

PT

John Doe

☒ Remove

V

Mike Jones

☒ Add

SV

Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☒ Change

T

Yvonne Murray

18374 N. Celis St

☐ Add

(change of spelling)
From Ivonne Murray

Maricopa, AZ 85138

☐ Remove

2) ☐ Change

☐ Add

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

[illegible]

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

FLORIDA STATE
DIVISION OF CORPORATIONS

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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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

9-5-14

Signature

Yvonne D Murray, Treasurer

(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)

Yvonne Murray,

(Typed or printed name of person signing)

Treasurer

(Title of person signing)