| (Re | equestor's Name) | · · · |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | O Veterans of Foreign Wars of the United States, Inc. |
|---|---|
| 753335 DOCUMENT NUMBER: | |
| The enclosed Articles of Amendment and fee are submitted for | or filing. |
| Please return all correspondence concerning this matter to the | following: |
| Douglas W Smith | |
| (Name | of Contact Person) |
| Sebring Memorial Post 4300 Veterans of Foreign Wars of the | : United States, Inc. |
| (Fi | rm/ Company) |
| 1041 Lakeview Drive | t . |
| | (Address) |
| Sebring, F1 33870 | |
| (City/ S | State and Zip Code) |
| bestvfwpost4300@yahoo.com | |
| E-mail address: (to be used for futu | ire annual report notification) |
| For further information concerning this matter, please call: | |
| Douglas W Smith | 727 656-6248 |
| (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: |
| | fied Copy Certificate of Status itional copy is Certified Copy 4 |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

Articles of Amendment to Articles of Incorporation

FILED

17 NOV -3 PH 4: 49

Sebring Memorial Post 4300 Veterans of Foreign Wars of the United States, Inc. SECRETARY OF STATE (Name of Corporation as currently filed with the Florida Dept. Astate) (55) 753335 (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: 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

| | | | of each officer/director being removed | and title, name, and |
|--|------------------------------|--|--|----------------------|
| address of each Offic (Attach additional she | | Director being added: | | Ŭ. |
| | | le by the first letter of the office title: | | n } |
| P = President; V = Views | ce President, O = Chief F | ; T= Treasurer; S= Secretary; D= Di inancial Officer. If an officer/directa | irector; TR = $Trustee$; C = $Chairman$ or $Clor holds$ more than one title, list the first let | |
| a change, Mike Jones | leaves the co | | e is listed as the PST and Mike Jones is list V and S. These should be noted as John Do | |
| Example: | | • | | |
| X Change | <u>PT</u> | John Doe | | |
| X Remove | <u>PT</u> <u>V</u> | Mike Jones | | } |
| X Add | <u>SV</u> | Sally Smith | | 1 |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | |
| 1) Change | CDR | Fran Collum | 1041 Lakeview Drive | |
| Add | | | Sebring, Fl 33870 | |
| X | | | | . 1 |
| Remove | | | | 1 |
| 2) Change | CDR | James Lashley | 1041 Lakeview Drive | |
| X Add | | | Sebring, Fl 33870 | |
| Remove | | | | <u> </u> |
| 3)Change | | | | |
| Add | | | | <u> </u> |
| Remove | | | | |
| 4) Change | | | | <u> </u> |
| Add | | | | <u> </u> |
| Remove | | | | 1 |
| 5) Change | | | | |
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| 6)Change | | | | |
| Add | | | | |
| Remove | | | | <u> </u> |

Page 2 of 4

| If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | <u> </u> | 1 |
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| • | | October 25, 2017 | ;] |
|------|---|--|--|
| | date of each amendment | t(s) adoption: | if other than the |
| date | this document was signed | . | Ì |
| | | November 1, 2017 | H |
| Effe | ective date <u>if applicable</u> : | | · · · · · · · · · · · · · · · · · · · |
| | | (no more than 90 days after amendment file date) | <u>{</u> } |
| | | nis block does not meet the applicable statutory filing requirements, this date will not he Department of State's records. | be listed as the |
| | | | <u> </u> |
| Add | option of Amendment(s) | (<u>CHECK ONE</u>) | † 1 |
| _ | | | · |
| Ш | The amendment(s) was/w | were adopted by the members and the number of votes cast for the amendment(s) | |
| | was/were sufficient for ap | pproval. | 1 |
| _ | | | " <u> </u> |
| | There are no members or adopted by the board of o | members entitled to vote on the amendment(s). The amendment(s) was/were directors. | 1 |
| | | per 25, 2017 | |
| | Dated | | il |
| | | | |
| | Signature | Journal Sm. O.S. | 1 1 |
| | | chairman or vice chairman of the board, president or other officer-if directors | <u>-", </u> |
| | have n | not been selected, by an incorporator – if in the hands of a receiver, trustee, or | · |
| | | court appointed fiduciary by that fiduciary) | |
| | Do | uglas W Smith | |
| | | (Typed or printed name of person signing) | 1 |
| | | | , |
| | / 33 | | · · |
| | QN | 1 | * |
| | | (Title of person signing) | ! |
| | | (Title of person signing) | . \ |
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