365975

Office Use Only



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C. LEWIS 5 2014

EXAMPLER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: POMPANO SENIOR SQUADRON FLYING CLUB, INC. DOCUMENT NUMBER: 365975					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
CARL L KENNEDY					
Name of Contact Person					
Firm/ Company					
2929 S. OCEAN BLVD. STE. 510					
Address					
BOCA RATON, FL 33432					
City/ State and Zip Code					
CLKTax@AOL.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
CARL L KENNEDY					
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address					
Amendment Section Amendment Section					
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building					
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301					

APPROVEL

Articles of Amendment Articles of Incorporation

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POMPANO SENIOR SQUADRON FLYI (Name of Corporation as currently filed with the				
365975				
(Document Number of Corporation	(if known)			
tursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendme			
. If amending name, enter the new name of the corporation:				
	The new			
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the			
3. Enter new principal office address, if applicable:	2929 S. OCEAN BLVD.			
Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 510			
	BOCA RATON, FL 33432			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2929 S. OCEAN BLVD.			
	SUITE 510			
	BOCA RATON, FL 33432			
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the			
new registered agent and/or the new registered office addre				
Name of New Registered Agent				
(Florida s	street address)			
New Registered Office Address:	, Florida			
(Cit				

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	T,D	CHRISTOPHER D CHALFANT	608 SW 8TH TERRACE
Add			
Remove			FT LAUDERDALE, FL 33315
2) Change	T,D	CARL L KENNEDY	2929 S. OCEAN BLVD.
Add			SUITE 510
Remove			BOCA RATON, FL 33432
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

. <u>If ame</u> (Attach	nding or add additional sh	ing additional A eets, if necessary,	rticles, enter ch). (Be specific	ange(s) here:			
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provi	isions for imp if not applicab	rovides for an ex lementing the an ole, indicate N/A)	nendment if no	t contained in t	he amendment	itself:	
					<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · ·
· · · · · ·				. 			



The date of each amendment(s) adoption: APRIL 01, 2014	14 MAY 22 PM 1: 42	, if other than the
date this document was signed. Effective date <u>if applicable</u> :		SECRETARY OF STATE TALLAHADSEE, F. ORIDA	_
Effective date in applicable.	(no more than 90 days a	fter amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number re sufficient for approval.	r of votes cast for the amendment(s)	
	e approved by the shareholders through vot d for each voting group entitled to vote sep		
"The number of votes	cast for the amendment(s) was/were suffici	ent for approval	
by	(voting group)		
The amendment(s) was/were action was not required.	e adopted by the board of directors without	shareholder action and shareholder	
The amendment(s) was/were action was not required.	e adopted by the incorporators without share	reholder action and shareholder	
	James Mall y a director, president or other officer - if o		
	lected, by an incorporator – if in the hands pointed fiduciary by that fiduciary)	of a receiver, trustee, or other court	
	LAURENCE MELLGREN		
	(Typed or printed n	ame of person signing)	
	PRESIDENT		
	(Title of pe	rson signing)	