752650

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	Stephen N. Gladwin P	ost No. 40, INC. The	American Lo	egion, Department of Florida	_
752 DOCUMENT NUMBER:	2650				
The enclosed Articles of Amen	dment and fee are subm	itted for filing.			
Please return all correspondenc	e concerning this matter	to the following:			
Joshua Staelens					
	(Name of Contact Pers	son)	, , , , , , , , , , , , , , , , , , , ,	-
The American Legion Post 40					
-		(Firm/ Company)			-
810 S US Highway 1					
		(Address)			_
Fort Pierce, FL 34950					
	(City/ State and Zip Co	ode)		_
F-m	ail address: (to be used t	for future appual repo	rt notification		_
For further information concern			· · · · · · · · · · · · · · · · · · ·	,,	
Joshua Staelens		at .	772	461-1480	
(N	ame of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the follo	owing amount made pay	able to the Florida De	epartment of	State:	
■ \$35 Filing Fee	3843.75 Filing Fee & C Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	icate of Status ied Copy tional Copy is	
Mailing Add Amendment! Division of C P.O. Box 632	Section orporations	Ame Divi	et Address endment Secti sion of Corpo on Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Stephen N. Gladwin Post No. 40, INC. The Americacan Legion, Department of Florida

ber of Corporation (if known) tes, this <i>Florida Not For Profit C</i> tion: n. Department of Florida ation " or "incorporated" or the o 810 S US HIghway 1	The new
tes, this Florida Not For Profit C tion: n. Department of Florida ation " or "incorporated" or the a	The new
tion: n. Department of Florida ation " or "incorporated" or the o	The new
n, Department of Florida ation" or "incorporated" or the o	
810 S US Highway 1	
Fort Pierce, FL 34950	
810 S US Highway 1	2 18 V
Fort Pierce, FL 34950	FLC 6
	Jally 12
	name of the
itaelens - Commander	
S Highway 1	
(Florida street	address)
rce	, Florida
(City)	(Zip Code)
d Agent:	
amiliar with and accept the obliga	utions of the position.
A STORES	
Signature of New Registered Age	nt if changing
r	Fort Pierce, FL 34950 fice address in Florida, enter the address: Staclens - Commander S Highway I (Florida street) rece (City) d Agent: familiar with and accept the obligations and accept the obligations.

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 X Remove X Add	<u>V</u> <u>Mil</u>	n Doc te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Joshua Staelens	810 S US Highway 1
Add			Fort Pierce, FL 34950
Remove			
2) X Change	VP	Joe Sandall	810 S US Highway 1
Add			Fort Pierce, FL 34950
Remove	S	Donna Sandall	810 S US Highway 1
3) X Change		Domia Sandan	Fort Pierce, FL 34950
Add Remove			
4) X Change	Т	Albert Porter	810 S US Highway 1
Add			Fort Pierce, FL 34950
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)		
			
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		. <u></u>	<u> </u>
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The date of each amendmen	nt(s) adoption:	_, if other than the
date this document was signe	d.	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.	
There are no members of adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	1AR 2019	
Signature)-P(C)	_
have	not been selected, by an incorporator – if in the hands of a receiver, trustee, or recourt appointed fiduciary by that fiduciary)	
Jo	oshua Staelens	
_	(Typed or printed name of person signing)	
Po	ost Commander	
	(Title of person signing)	