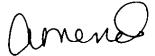
## 758918

| (Requestor's Name)                        |             |
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| (City/State/Zip/Phone #)                  | <del></del> |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION  |   | nty Post 10139, Vete   | rans of Foreign  | Wars of the United States, Inc.                                |
|--|---|--|--|--|
| DOCUMENT NUMBER:   | 758918                                      |  |  |  |
| The enclosed Articles of An  | nendment and fee are sub                    | mitted for filing.   |  |  |
| Please return all correspond   | ence concerning this matt                   | er to the following:   |  |  |
| Daniel M. Mozier Jr.   |   |  |  |  |
|  |   | (Name of Contact I   | Person)  |  |
| East Seminole County Post  | 10139, Veterans of Forei                    | gn Wars of the Unit  | ed States, Inc.  |  |
|  |   | (Firm/ Compar  | ny)  |  |
| 300 Lake Mills Avenue  |   |  |  |  |
| <u>.</u>   |   | (Address)  |  |  |
| Chuluota, Florida 32766  |   |  |  |  |
|  |   | (City/ State and Zip   | Code)  |  |
| post10139@gmail.com  |   |  |  |  |
| H  | -mail address: (to be used                  | d for future annual re   | eport notification   | on)  |
| For further information cond   | cerning this matter, please                 | call:  |  |  |
| Daniel M. Mozier Jr.   |   | а  | 850<br>t   | 226-9358   |
|  | (Name of Contact Person                     |  | (Area Code)  | (Daytime Telephone Number)                                     |
| Enclosed is a check for the I  | following amount made p                     | ayable to the Florida  | Department of  | State:   |
| ■ \$35 Filing Fee  | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fed<br>Certified Copy<br>(Additional copy<br>enclosed) | is Certif<br>(Add  | 60 Filing Fee ficate of Status fied Copy itional Copy is osed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 |   | A<br>D   | treet Address<br>mendment Sectivision of Corp<br>The Centre of T | orations   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

| ·  |                                |  |
|--|--------------------------------|--|
| Articles  Articles  East Seminole County Post 10139, Veterans of Foreign Wars  (Name of Corporation as currently filed with the Florida D 758918  (Document Number)  | es of Amendment<br>to          | FILED                                      |
| Articles   | of Incorporation               | - 0412 HH                                  |
| East Seminole County Post 10139, Veterans of Foreign Wars  | of the United States.          | IMARA JUN 25 PHILE                         |
| (Name of Corneration as currently filed with the Florida D   | Vent of State)                 |  |
| 758918   | rept. of State                 | The self of the                            |
| (Document Number   | er of Corporation (if k        | nown)                                      |
| Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:   | es, this <i>Florida Not Fe</i> | or Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporati   | <u>ion:</u>                    |  |
| ·  |                                | The nev                                    |
| name must be distinguishable and contain the word "corporat<br>"Company" or "Co," may not be used in the name.   | 'lon" or "incorporated         | d" or the abbreviation "Corp." or "Inc."   |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  | N/A<br>)                       |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | N/A                            |  |
|  |                                |  |
| D. If amending the registered agent and/or registered office<br>new registered agent and/or the new registered office and agent and agent and agent and agent |                                | , enter the name of the                    |
| Name of New Registered Agent: N/A  |                                | <del></del>                                |
| New Registered Office Address:   | (F                             | lorida street address)                     |
|  |                                |  |
|  | (City)                         | , Florida<br>(Zip Code)                    |
| New Registered Agent's Signature, if changing Registered   | Agent:                         |  |
| I hereby accept the appointment as registered agent. I am fan  | niliar with and accept         | the obligations of the position.           |
| Si   | gnature of New Regis           | tered Agent, if changing                   |
| 50   | Summer of their region         |  |

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                   | PT         John Do           V         Mike Jo           SV         Sally Sr | <u>ones</u>                                |  |
|--|--|--|--|
| Type of Action<br>(Check One)                      | <u>Title</u>   | <u>Name</u>                                | Address  |
| 1) Change Add                                      | PCEO   | Arnold Patrick Mickler                     | 300 Lake Mills Avenue<br>Chuluota, Florida 32766 |
| x Remove   |  |  |  |
| 2) Change Add                                      | <u>PCEO</u>  | Frederick Wardlow                          | 300 Lake Mills Avenue<br>Chuluota, Florida 32766 |
| Remove 3) Remove Add Remove                        | <del></del>  |  |  |
| 4) Change Add                                      |  |  |  |
| Remove   |  |  |  |
| 5) Change Add                                      | ******   |  |  |
| Remove   |  |  |  |
| 6) Change Add                                      |  |  |  |
| Remove   |  |  |  |
| E. If amending or addin<br>(attach additional shee |  | icles, enter change(s) here: (Be specific) |  |
| <u>N</u> /A  |  |  |  |
|  |  |  |  |
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|  |   |                                       |  |                       |                      |
|  |   |                                       |  |                       |                      |
|  |   |                                       |  |                       |                      |
| The date of each amendment(s) add date this document was signed.                             | option:                                   | <del></del>                           | <del></del>                                |                       | _, if other than the |
| Effective date if applicable:  |   |                                       |  |                       |                      |
|  | (no more than                             |                                       |  |                       |                      |
| <u>Note:</u> If the date inserted in this block document's effective date on the Department. | k does not meet the artment of State's re | applicable statutory<br>ecords.       | filing requirement                         | s, this date will not | be listed as the     |
| Adoption of Amendment(s)   | (CHECK ON                                 | <u>{E</u> )                           |  |                       |                      |
| The amendment(s) was/were add was/were sufficient for approval.                              | opted by the member                       | rs and the number o                   | f votes cast for the                       | amendment(s)          |                      |

| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| 6/19/2024<br>Dated   |  |  |  |  |  |  |
| Signature Dunil My Ma Les  |  |  |  |  |  |  |
| (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) |  |  |  |  |  |  |
| Daniel M. Mozier Jr.   |  |  |  |  |  |  |
| (Typed or printed name of person signing)  |  |  |  |  |  |  |
| Quartermaster  |  |  |  |  |  |  |
| (Title of person signing)  |  |  |  |  |  |  |