2003 NOT-FOR-PROFIT CORPORATION Amende

 Entity Nar 	JMENT # NO1000 I VETS MOTORCYCLE CLUB			F	ILED		
Principal Place of Business 8260 PASCAL DR PUNTA GORDA FL 33950		Mailing Address 8260 PASCAL DR PUNTA GORDA FL 33950		O3 NOV -6 PM 2: 12 SECRETARY OF STATE SECRETARY OF STATE LEANT HISTORICA			
2. Principal Place of Business 860 WENTON RD		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
PEUDUD PLA		City & State		4: FEI Number 65-1092055 Applied For Not Applicable			
Zip	VA USI A	Zip	Country	5. Certificate of Sta	atus Desired		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent			
OAKS, DAVID K ESQ 407 E MARION AVE, STE 101				Street Address (P.O. Box Number is Not Acceptable)			
	GORDA FL 33950						
			City		FL Zip Cod	le	
	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office or regist	tered agent, or both, in t	he State of Florida. I am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT)	E: Registered Agent signature requi	(red when reinstation)	DATE		
FILE NOW: FEE IS \$61.25 9. Election Campaig Trust Fund Contri							
	FILE NOW: FEE IS \$61.25		, , , ,	\$5.00 May Be Added to Fees	Make Check Payable Florida Department of S		
10.	OFFICERS AND DIF	Trust Fund (, , , ,	Added to Fees		State	
10.	OFFICERS AND DIF	Trust Fund (Ontribution.	Added to Fees	Florida Department of	State	
10. TITLE NAME	OFFICERS AND DIF	Trust Fund C	11. TITLE NAME	Added to Fees	Florida Department of S	State	
10.	OFFICERS AND DIF	Trust Fund C	Ontribution.	Added to Fees	Florida Department of S	State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF DP WASILEK, THOMAS 165 HOLLY HILL RD CHAPEL HILL NC 27516 DS MENZER, HANS	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees ADDITIONS/CHANGE	Florida Department of S	State 1 10 Addition Addition	
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2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver for trusteelemptwered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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941 575.7222