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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	NASe	601F	Committe	a Inc
DOCUMENT NUMBER:	NO1000	<u> </u>	f 2 8	
The enclosed Articles of Amendme	ent and fee are subn	nitted for fili	ng.	
Please return all correspondence co	ncerning this matte	r to the follo	wing:	
Wa It	en H. Grane of C	2n~ 51		
	(Name of C	Contact Perso	on)	
	(Firm/	Company)		
8326 l	vilde Lake	Ruad		
	(A	ddress)		
Ponsa c	cola, FL	32524	de)	
, ,	(City/ State	and Zip Coo	de)	
Waltgle Now E-mail a	SR O Cox.	~et for future an	nual report notification	on)
For further information concerning				,
Walter H. Geo (Name of Contact Pe	enn Sil	at (8 5 c	9) 944-	0787
(Name of Contact Pe	rson)	(A	rea Code & Daytime	Telephone Number)
Enclosed is a check for the following	ng amount made pa	yable to the l	Florida Department of	State:
Certificate	Filing Fee & of Status	Certified (Addition enclosed)	al copy is	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy ris enclosed)
Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231		A D C 26	treet Address mendment Section ivision of Corporations lifton Building 661 Executive Center Ci allahassee, FL 32301	ircle

Articles of Amendment Articles of Incorporation of

NASC GOLF Committee,	inc.	
(Name of Corporation as currently filed with	the Florida Dept. of Stat	<u>e</u>)
(Document Number of Corporate	ion (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For Pro</i>	ofit Corporation adopts
A. If amending name, enter the new name of the corporation	<u>n:</u>	
NAVAL AVIA TION Schools Comman The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	"corporation" or "incom	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SAME	II MAR -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME.	7 AH 9: 08
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado		r the name of the
Name of New Registered Agent: S.a.m.		-
New Registered Office Address: SAme (Flori	ida street address)	-
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I amposition.		the obligations of the
Signature of New	Registered Agent, if chan	ging

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) **Type of Action Title Name** Address No change ☐ Remove ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) M change

Page 2 of 3

The date of each amendment(s) adoption: 3/4/1/
	(date of adoption is required)
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE) \mathcal{N}/\mathcal{A}
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of direct	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
Dated3	Valter B Slem SR
Signature	Dalter D Slem sa
(By the have	ne chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Walter H. GLENN SA
	(Typed or printed name of person signing)
	Trustee
	(Title of person signing)

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