N01000008962

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	SG+	MAJ.	Thomas	s N.	GR1665 J.R. #		
DOCUMENT NUMBER:							
The enclosed Articles of Amendm	nent and fee	are submitted fo	r filing.		•		
Please return all correspondence c	oncerning th	nis matter to the	following:				
ROBERT	T.	Edgar			_		
•	(Name of	Contact Person)		Sgt Maj. Ti	nomas H. Griggs Jr. os League Det.#1086		
	Marine Combs El PO Bo	ias H. Griggs Jr. 6490 Det 191086 ix 3636 r, Fl 32056		<u>P(</u>	Box 3636 City, FI 32056		
	(4	Address)					
 	(City/ Stat	te and Zip Code)					
For further information concerning	g this matter	r, please call:					
ROBERT T. Ed (Name of Contact Pers	On)	at (<u>384</u>	2)	58 /	one Number)		
Enclosed is a check for the follow	ing amount:						
. \$35 Filing Fee \$43.75 Certific	Filing Fee & cate of Status	S43.75 Filing B Certified Copy (Additional co enclosed)	y Copy is C	2.50 Filing ertificate of ertified Cop dditional C enclosed)	Status Py		
Division of Corporat P.O. Box 6327	Amendment Section Division of Corporations			Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2008

ROBERT I. EDGAR

SGT MAS THOMAS N. GRIGGS, JR. #1086 - SGT. MAS P. O. BOX 3636

LAKE CITY, FL 32056

SUBJECT: SUWANNEE VALLEY DET. 1086 INC.

Ref. Number: N0100008962

We have received your document for SUWANNEE VALLEY DET. 1086 INC. and check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

In order to change the name of your corporation the enclosed Articles of Amendment must be completed and return. Please note all changes in the corporation can be made on this form

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 008A00050089



September 30, 2008

ROBERT T. EDGAR SGT. MAS THOMAS N. GRIGGS, JR. #1086 WELLBORN CENTER WELLBORN, FL 32094

SUBJECT: SUWANNEE VALLEY DET. 1086 INC.

Ref. Number: N01000008962

We have received your document for SUWANNEE VALLEY DET. 1086 INC. and check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

In order to change the name of your corporation the enclosed Articles of Amendment must be completed and return. Please note all changes in the corporation can be made on this form

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 008A00050089



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2008

ROBERT T. EDGAR SGT. MAS THOMAS N. GRIGGS, JR. #1086 WELLBORN CENTER WELLBORN, FL 32094

SUBJECT: SUWANNEE VALLEY DET. 1086 INC.

Ref. Number: N01000008962

We have received your document for SUWANNEE VALLEY DET. 1086 INC. and check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

In order to change the name on your Fictitious Name you would have to cancel the name and re-registered under the new name, the filing fee is \$50.00.

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 008A00050089

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2008 SEP 29 AM &: 00

SECENED.

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Ref: Document # N01000008962

FEI # 59-3726165

Dear Sir/ Madame:

Please make the following changes to Suwannee Valley MCL Det. #1086 Inc.

New Name:

Sgt.Major Thomas H. Griggs Jr. MCL Det. # 1086 Inc.

Wellborn, Fl. 32094

Mailing address:

Sgt.Major Thomas H. Griggs Jr. MCL Det. #1086

P.O. Box 3636

Lake City, Fl. 32056

Sincerely,

Robert T. Edgar Adj:/Paymaster

Sgt.Major Thomas H. Griggs Jr. MCL Det. #1086

Articles of Amendment to Articles of Incorporation

WALLEY NO 100000 8962 Document number of corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit *Corporation* adopts the following amendment(s) to its Articles of Incorporation: NEW CORPORATE NAME (if changing): homas H. GRIGGS SA, BRT, #1086 Inc. (must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation) AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

(Attach additional pages if necessary) (continued)

The date of adoption of the amendment(s) was: MAY 6. 2008
Effective date if applicable: JUNE 12 2008
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was (were) adopted by the members and the number of votes cas for the amendment was sufficient for approval.
There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.
Signature (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.)
ROBERT T. Edgar (Typed or printed name of person signing)
(Typed or printed name or person signing) ADS PAYMASTER (Title of person signing)

 $a_{i} = a_{i} \in \mathcal{A}_{i} \cup \mathcal{A}_{i}$

FILING FEE: \$35

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

A MARCH TO S

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SGt. MAS. Thomas N. GRIGGS JR. # 1086
2. The principal office address: WRLL ORD COVICE
Wellborn FL. 32094
3. The mailing address (if different): P. O. Box 3636
LAKE City, FL. 30256
4. Date of incorporation/qualification: 12/27/2001 Document number: N01000008962
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
JOHN R. TAYHOR
1961 256 Th ST.
O'BRIEN, FL 32071
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ROBERT T. Edgar
1478 SW OLD WIRE Rd.
LAKE City FL 32024
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
R. DALE CONSY (Signature of an officer or director) R. DALE CONSY (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Out Ello (Signature of Registered Agent) 9/3/08 (Date)
If signing on behalf of an entity:
ROBERT T. EdgAR
(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *