N03000009027

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Amend. 3/4/11 D

COVER LETTER

TO:	Amendment Section
	Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPO	DRATION: <u>EAA</u> (CHAPTER 696	OF STUART, F
DOCUMENT NUM	MBER: N 0 3 000	009027	
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corn	respondence concerning this ma	tter to the following:	
\mathcal{I}	ONY DF LoRen (Name o	Z-O f Contact Person)	
E	AA CHAPTER	692 0F S7w m/Company)	4eT
	3500 KANNER	2 Hwy #117 (Address)	<u>2</u>
	TUART F	L. 34994 ate and Zip Code)	
<u> </u>	APTTONY 5000 E-mail address: (to be use	ed for future annual report notifi	M.
For further informati	ion concerning this matter, pleas	se call:	
Tony D	E Lo Ren ZO e of Contact Person)	at (<u>772</u>) <u>26</u> (Area Code & Day	13-0529 time Telephone Number)
Enclosed is a check	for the following amount made	payable to the Florida Departme	ent of State:
□\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address	Street Address	,

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

EAA CHAPTER 692 (Name of Corporation as currently filed with	OF STUART, FL, INC.
No 3 000009027 (Document Number of Corpo	
Pursuant to the provisions of section 617.1006, Florida Statut the following amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corpora	tion:
The new name must be distinguishable and contain the wo abbreviation "Corp." or "Inc." "Company" or "Co." may i	rd "corporation" or "incorporated" or the not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ~/ A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 3:42
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	address:
Name of New Registered Agent: To NY	DE LORENZO
- N	DE LORENZO Kunner Hwy#117 orida street address)
<u> </u>	City), Florida 34994 (City) (Zip Code)
position.	m familiar with and accept the obligations of the way Registered Agent, if changing

Page 1 of 3

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)

<u>Title</u>	Name	Address	Type of Action
<u>VP</u>	ERIC INGRAHAM HANGE ADDRESS	949 NE Jensen BCL. BLUD JEN BCh., FL 34957	☐ Add ☐ Remove
TREASURE.	NANCY STRNART	<u> </u>	Add Remove
TREASURER	AMY HAEKWORTH	8763 SE SANKASI CIRCLE HOBE SOMS IFC: 33455	Add Remove
	ng or adding additional Articles, ente itional sheets, if necessary). (Be spec		
			,
			
 			
	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	194-4-11	
			

The date of each amendment(s) adoption:	February 8, 2011
	(date of adoption is required)
Effective date if applicable:	2 than 90 days after amendment file date)
(no more	than 90 days after amenament fite date)
Adoption of Amendment(s) (CH)	ECK ONE)
Adoption of Amendment(s)	ECK ONE)
The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for the amendment(s)
There are no members or members entitled to adopted by the board of directors.	o vote on the amendment(s). The amendment(s) was/were
Dated 2-25-	(/
	O I
Signature	V. Lucy
	ice chairman of the board, president or other officer-if directors
	d, by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)
other court appointed	nduciary by that induciary)
TON	DE Loke w Zo ed or printed name of person signing)
(Typ	ed or printed name of person signing)
PRe S	Dent
	(Title of person signing)

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