N0500010827

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: American	Legion Auxi	liary Unit 163, Inc.
DOCUMENT NUMBER: N0500010	827	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Cheri Hartman		
	(Name of Contact Persor	1)
······································	(Firm/ Company)	
1290 Sun Circle E.		
	(Address)	
Melbourne, FL 32935		
	(City/ State and Zip Code	e)
cheribabe@cfl.rr.	com	
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Cheri Hartman	_{at (} 321	242-6064 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to **Articles of Incorporation**

		of	FILE	.U
American Legion Auxiliar	y Unit 163,	Inc.	2013 FEB 27	PM 3: 13
(Name of Corporation as currently	filed with the Flo	orida Dept. of State)	<u> </u>	NO STATE
N05000010827			TALLAHASSE	E. FLORIBA
(Document)	Number of Corpor	ration (if known)	10	
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation		es, this <i>Florida Not For</i>	Profit Corporation	adopts the followi
A. If amending name, enter the new nam	e of the corporat	ion:		
THE AMERICAN LEGION AUXILIARY, .	J. W. MATHERS	, JR., UNIT 163, DEPA	RTMENT of FLO	RIDA, INC.
name must be distinguishable and contain t "Company" or "Co." may not be used in th		tion" or "incorporated	or the abbreviation	
B. Enter new principal office address, if	applicable:	1795 N. Harb	or City Blvd	t
Principal office address <u>MUST BE A STR</u>		Melbourne, F	L 32935	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P O Box 614	87	
		Melbourne, FL 32936-1487		
D. If amending the registered agent and/	or registered offi	ce address in Florida.	enter the name of	the
new registered agent and/or the new r				
Name of New Registered Agent:	Pauline Ne	es		
· · · · · · · · · · · · · · · · · · ·	587 Thoma	s Barbour Driv	/e	
New Registered Office Address:		(Florida street address)	·	
!	Melbourne		, Florida FL	32935
_	(City)		(Zip Code)	· · · · · · · · · · · · · · · · · · ·
New Registered Agent's Signature, if cha	nging Registered	Agent:		
hereby accept the appointment as registered			he obligations of th	e position.

Page 1 of 4

Signature of New Registered Agent, if changing

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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Brenda Wilborn	
Add X Remove			
2) Change	<u>P</u>	Pauline Nees	587 Thomas Barbour Drive
X Add			Melbourne, FL 32935
Remove 3) Change	T	Cheri Hartman	1290 Sun Circle E.
X Add			Melbourne, FL 32935
Remove			
4) Change			
Add Remove			
5) Change			
Add			
6) Change			
Add	12 311 11 21		
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Article I

Name of corporation is:
THE AMERICAN LEGION AUXILIARY, J. W. MATHERS, JR., UNIT 163, DEPARTMENT of FLORIDA, IN
Article III
The specific purpose for which this corporation is organized is:
Auxiliary to American Legion Veterans Non-Profit Organization
Article VII
The initial officer(s) and/or director(s) of the corporation is/are:
Title: P
Pauline Nees
587 Thomas Barbour Drive
Melbourne, FL 32935
Title: T
Cheri Hartman
1290 Sun Circle E.
Melbourne, FL 32935

The date of each amendment(s) adoption: Feburary 14, 2013		
ective date <u>if applicable</u> :		
(no more than 90 days after amendment file date)		
option of Amendment(s) (<u>CHECK ONE</u>)		
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.		
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.		
Dated $\frac{2/19/2013}{\text{Signature Pauline Mass}}$		
(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)		
PAULINE NEES		
(Typed or printed name of person signing)		
PRESIDENT		
(Title of person signing)		

Ammended Articles of Incorporation For

THE AMERICAN LEGION AUXILIARY, J. W. MATHERS, JR., UNIT 163, DEPARTMENT OF FLORIDA, INC.

The undersigned incorporator, for the purpose of forming a Florida not-for profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

THE AMERICAN LEGION AUXILIARY, J. W. MATHERS, JR., UNIT 163, DEPARTMENT OF FLORIDA, INC.

Article II

The principal place of business address is:

1795 N. HARBOR CITY BLVD. MELBOURNE, FL. 32935

The mailing address of the corporation is:

P O BOX 61487 MELBOURNE, FL 32936-1487

Article III

The specific purpose for which this corporation is organized is:

LADIES AUXILIARY TO AMERICAN LEGION VETERANS NON-PROFIT ORGANIZATION.

Article IV

The manner in which directors are elected or appointed is:

ELECTED AT ANNUAL MEETINGS

Article V

Tle name and Florida street address of the registered agent is:

PAULINE NEES 587 THOMAS BARBOUR DRIVE MELBOURNE, FL. 32935

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: PAULINE NEES

Pauline Mes

Article VI

The name and address of the incorporator is:

PAULINE NEES 587 THOMAS BARBOUR DRIVE MELBOURNE, FL. 32935

Incorporator Signature: PAULINE NEES

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P PAULINE NEES 587 THOMAS BARBOUR DRIVE MELBOURNE, FL. 32935

Title: T CHERI HARTMAN 1290 SUN CIRCLE E MELBOURNE, FL 32935

APPROVED FOR AMMEDMENT

At the regularly scheduled monthly meeting

DATE: February 14, 2013 By Executive Board Members:

Officers:

President -Pauline Nees

Janice Vilgats 1st Vice

Lisa Spaccio 2nd Vice

Cheri Hartman Treasurer Sandy Cornwell Sgt at Arms

Asst. Sgt at Arms Carol Schultz

Secretary Donna Fulfs

Chaplain Mary Fallon/Sink

Parlimentarian Dorothy Duke

Exec. Committee

Barbara Wendezyk

Brenda Wilborn

Frances McDonald