

NO6 000004641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

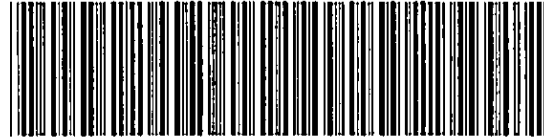
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2021 JAN 11 PM 3:07

David
N/C



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 NOV 24 8:10

November 24, 2020

DAVID HINDS
NAPLES MUSEUM OF MILITARY HISTORY, INC.
500 TERMINIAL DRIVE
NAPLES, FL 34104

SUBJECT: NAPLES MUSEUM OF MILITARY HISTORY, INC.
Ref. Number: N06000004641

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 720A00023656

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Naples Museum of Military History, Inc.

DOCUMENT NUMBER: N06000004641

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Hinds
(Name of Contact Person)

Naples Museum of Military History, Inc.
(Firm/ Company)

500 Terminal Drive
(Address)

Naples, Florida 34104
(City/ State and Zip Code)

davehindsusmc@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Hinds at 614 205-0357
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Naples Museum of Military History, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N06000004641

(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:

A. If amending name, enter the new name of the corporation:

Gulf Coast Museum of Military History and Veterans Advancement Center, Inc.

The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

500 Terminal Drive

Naples, Florida 34104

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

500 Terminal Drive

Naples, Florida 34104

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

David Hinds

500 Terminal Drive

(Florida street address)

New Registered Office Address:

Naples


(City)

Florida 34104

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Robert D. McDonald</u>	<u>17484 Huancav Lane</u> <u>Punta Gorda, FL 33955</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Wayne Smith</u>	<u>3124 Santorini Way</u> <u>Naples, FL 34119</u>
3) <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Lois Bolin</u>	<u>3124 Santorini Way</u> <u>Naples, FL 34119</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>John W Chadwick</u>	<u>9136 Spring Run Blvd</u> <u>Bonita Springs, FL 34135</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Kim Folger</u>	<u>8841 Sarita Court</u> <u>Fort Myers, FL 33912</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Joc McVay</u>	<u>3325 Cravton Road</u> <u>Naples, FL 34103</u>

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

Add _____

Director _____

Felicidad Noemi McDonald _____

10501 FGCU BLVD. South
FORT MYERS, FL. 33965

The date of each amendment(s) adoption: 10/14/2020, if other than the date this document was signed.

Effective date if applicable: 10/14/2020
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document’s effective date on the Department of State’s records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ 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 10/14/2020 _____

Signature N/A David Hinds
(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)

David Hinds

(Typed or printed name of person signing)

President K

(Title of person signing)