

NO6 000004641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

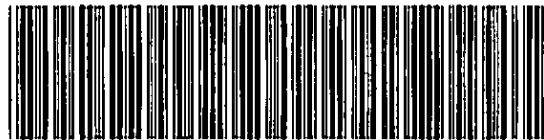
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received May 10, 2022

Office Use Only



200387139112

02/22/22--01006--008 **43.75

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:

Dave Hinds President

(Name of Contact Person)

Naples Museum of Military History

(Firm/ Company)

500 Terminal Dr

(Address)

Naples FL 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:

Dave Hinds

614 205 0357

(Name of Contact Person)

at (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 type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" 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)

NO6000004641

(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:

America's Military and First Responder Museum 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 Termonal Dr

Naples, FL 34104

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same

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: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (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>

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change ___ Add ___ Remove	<u>PT</u>	<u>DAVE HINDS</u>	<u>500 TERMINAL DR</u> <u>NAPLES, FL 34104</u>
2) <input checked="" type="checkbox"/> Change ___ Add ___ Remove	<u>VS</u>	<u>JOE McVAY</u>	<u>SAME AS ABOVE</u>
3) <input checked="" type="checkbox"/> Change ___ Add ___ Remove	<u>D</u>	<u>CURT ROWLETT</u>	<u>SAME AS ABOVE</u>
4) <input checked="" type="checkbox"/> Change ___ Add ___ Remove	<u>D</u>	<u>SAL MARRANCA</u>	<u>SAME AS ABOVE</u>
5) <input checked="" type="checkbox"/> Change ___ Add ___ Remove	<u>D</u>	<u>MATT HOLIDAY</u>	<u>SAME AS ABOVE</u>
6) <input checked="" type="checkbox"/> Change ___ Add ___ Remove	<u>D</u>	<u>JACK O'NEILL</u>	<u>SAME AS ABOVE</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Lined area for text entry.

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

Effective date if applicable: _____
(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 2/14/2022

Signature *Dave 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)

Dave Hinds

(Typed or printed name of person signing)

President

(Title of person signing)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR 24 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FL

February 25, 2022

DAVE HINDS
500 TERMINAL DRIVE
NAPLES, FL 34104

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

We have received your document for NAPLES MUSEUM OF MILITARY HISTORY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please clarify the type of action and the titles of your officers/directors.

Please list the street address of each officer/director.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 822A00004744



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2022

DAVE HINDS
500 TERMINAL DRIVE
NAPLES, FL 34104

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

We have received your document for NAPLES MUSEUM OF MILITARY HISTORY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The complete document was not received.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 822A00007824