# Florida Department of State

**Division of Corporations** Public Access System

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To:

Division of Corporations

: (850)205-0380 Fax Number

From:

: A 1 A CORPORATE SERVICES, INC. Account Name

Account Number : 120010000247 Phone (800)494-3124

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# COR AMND/RESTATE/CORRECT OR O/D RESIGN

## OPERATION HOMEFRONT OF GULF COAST FLORIDA/ALABAMA, I

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Articles of Amendment to Articles of Incorporation of

## OPERATION HOMEFRONT OF GULF COAST FLORIDA/ALABAMA, INC.

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

N07000003531

warriors when they return home.

(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):

(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)

ARTICLE III

#### THE PURPOSE OF THE NON PROFIT IS CHANGED TO:

This corporation was specifically created to provide emergency support and morale https://doi.org/10.100/j.com/

to our military troops, the families they leave behind during deployment and wounded

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(Attach additional pages if necessary)
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The date of adoption of the amendment(s) was: 4/9/2007						
_	e if <u>applicable</u> :		<u> </u>	_		
		(no more than 90 days after ar	nondment file date)			
Adoption of	Amendment(s)	(CHECK ONE)				
		as (were) adopted by the me as sufficient for approval.	mbers and the number	er of vote		
		s or members entitled to vot vere) adopted by the board o		The		
Şi	gned this 9TH	day of APRIL	2007	, 		
Signa	ture BB	69				
	(By the chairman of	r vice chairman of the hoard, presented, by an incorporator-if in the ed fiduciary, by that fichiciary.)	ident or other officer- if hands of a receiver, trust	directors		
	Barbara B Swi	nehart ( ) _ + /				
	(Тур	ed or printed name of person sign	uing)	_ 		
_	President		_ ,			
•		(Title of person signing)				

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