## N07892

 (R€	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





200263644382

09/18/14--01002--004 \*\*35.00

ELST TARY OF STATE

AMINA 0 0,25,14

## **COVER LETTER**

Division of Corporations	•	•
NAME OF CORPORATION: DALE MA	ABRY POST	Γ 139, INC
DOCUMENT NUMBER: N07892		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
GERALD UKLEYA		
	(Name of Contact Person	n)
DALE MABRY POST 13	89, INC	
	(Firm/ Company)	
3818 WEST BAY VISTA	AVE	
	(Address)	· · · · · · · · · · · · · · · · · · ·
TAMPA FL 33611		
-	(City/ State and Zip Cod	e)
postfinance@tam	pabay.rr.co	m
E mail addrage (in he used	I for future annual report	notification)
For further information concerning this matter, please	call:	
Gerald Ukleya	81.3	205-7344 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made no	yable to the Florida Depa	artment 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)
Mailing Address Amendment Section		Address Iment Section

## **Articles of Amendment** Articles of Incorporation (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE 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) 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.

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>	ANTONIO MORIN	3818 W BAY VISTA
X Add			TAMPA FL 33611
Remove			
2) Change	Т	PATRICIA A GARCIA	6306 SOUTH MACDILL AVE
$\frac{X}{X}$ Add			APT 1710
Remove			TAMPA FL 33611
3 ) Change	<u>P</u>	RICHARD ROHM	
Add			
X Remove			
4) Change	<u>T</u>	DAVID DELONG	
Add			
X Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary).	(Be specific)
	•
*****	
The second secon	
	W-794 WARREN FRAME

The	_, if other than the .	
Effe	ective date <u>if applicable;</u> (no more than 90 days after amendment file date)	_ <b>-</b>
Ade	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.	
	Signature  (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)	
	GERALD UKLEYA	
	(Typed or printed name of person signing) VICE PRESIDENT	
	(Title of person signing)	