# 110800005702

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(City/State/Zip/Phone #)	- 11/23/09 -01047020 **35.00
(Business Entity Name) (Document Number)	
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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Vanguard Allia	ince Inc.	
DOCUMENT NUME	ER: N0800005702		•
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	Joseph	h G. Parson	
	(Name of	Contact Person)	
	<del></del>	d Alliance Inc.	
•	(Firm	Company)	•
		chwood Lane	<del></del> -
		(ddress)	
		ney, FL 34668 e and Zip Code)	<del></del>
	(City/ Stat	e and Zip Code)	
		ov-alliance.org	ation)
For further information	concerning this matter, please	call:	
Joseph G. Parson		at ( <u>813</u> ) 413-560	0 ext 101
(Name o	f Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check for	the following amount made pa	ayable to the Florida Department	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)
Amend Divisio P.O. Bo	ment Section n of Corporations ox 6327 ssee, FL 32314	Street Address  Amendment Section  Division of Corporatio  Clifton Building  2661 Executive Center  Tallahassee, FL 32301	Circle

### Articles of Amendment to Articles of Incorporation of

ON THE SERVICE STATES

# Vanguard Alliance Inc.

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

#### N08000005702

(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:	
Th	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 applie (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>E BOX</i> )	
D. If amending the registered agent and/or renew registered agent and/or the new registered.		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	<del></del>
_	(City)	, Florida

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) Title **Name** <u>Address</u> **Type of Action** ☐ Add ☐ Remove \_ 🔲 Add ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) The Board of Directors of Vanguard Alliance Inc. hereby approves Eileen Frost, the Corporation's Secretary, to serve as authorizing signatory on all legal documents to include trust documents, transactions of all types and conveyances of title.

The date of each amendment(s) adoption: November 16, 2009
(date of adoption is required)
Effective date <u>if applicable</u> : November 16, 2009  (no more than 90 days after amendment file date)
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.
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)
Jacomb O. Barrara
Joseph G. Parson
(Typed or printed name of person signing)
Chairman/President
(Title of person signing)
Page 3 of 3
State of Florida  County of Pasco  ss:
Before me personally appeared, OSCO G. TAYSON.  Who is personally known to me, or has supplied for legal identification, has acknowledged and declared that he/she/they did sign and the foregoing instrument and that the same his/her/their free act and deed.
In testimony whereof, I have hereunto affixed my hand and official seal in the County of <u>HSCO</u> , State of <u>Florida</u> , on this 6th day of <u>November</u> , 2009.
PATRICIA ALICE CUR Notary Public  PATRICIA ALICE CUR