

NO8000006138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

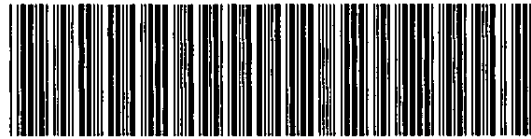
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2012 SEP 24 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

OCT - 2 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WOUNDED WARRIORS OF SOUTH FLORIDA INC.

DOCUMENT NUMBER: NO8000006138

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

Please return all correspondence concerning this matter to the following:

HOWARD GOLIN

(Name of Contact Person)

WOUNDED WARRIORS OF SOUTH FLORIDA

(Firm/ Company)

7972 CRANE'S POINTE WAY

(Address)

WEST PALM BEACH, FL 33412

(City/ State and Zip Code)

How2850@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HOWARD GOLIN

(Name of Contact Person)

at (561) 799-1533

(Area Code & Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

WOUNDED WARRIORS OF SOUTH FLORIDA INC.

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

2012 SEP 24 PM 3:13

NO8000006138

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

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)**

7972 CRANE'S POINTE WAY
WEST PALM BEACH, FL 33412

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

P.O. BOX 32715
WEST PALM BEACH, FL 33420

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:

HOWARD GOLIN

7972 CRANE'S POINTE WAY

(Florida street address)

New Registered Office Address:

WEST PALM BEACH, Florida 33412

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

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-----|-------------------|--|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | P | John Jamason | 13028 S.E.
Hobe Hills Dr.
Hobe Sound, FL 33455 |
| 2) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | VP | Debra G. Jamason | 13028 S.E. Hobe Hills Dr.
Hobe Sound, FL 33455 |
| 3) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | P | Robert E. McKenna | 10021 RIVERKNOX DR.
PALM BEACH GARDENS, FL
33410 |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | VP | Blake Benson | P.O. Box 32715
WEST PALM BEACH, FL
33420 |
| 5) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | TSD | Howard Golin | 7972 CRAVES POINTE WAY
WEST PALM BEACH, FL 33412 |
| 6) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | D | James Brown | P.O. Box 32715
WEST PALM BEACH, FL 33420 |

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>JOHN JAMASON</u>	<u>P.O. Box 32715</u> <u>WEST PALM BEACH, FL</u> <u>33420</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>RICHARD WENDET</u>	<u>P.O. Box 32715</u> <u>WEST PALM BEACH, FL</u> <u>33420</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>ROBERT CHELBERG</u>	<u>P.O. Box 32715</u> <u>WEST PALM BEACH, FL 33420</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>JOE STONE</u>	<u>P.O. Box 32715</u> <u>WEST PALM BEACH, FL 33420</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>LLOYD HOWARD</u>	<u>P.O. Box 32715</u> <u>WEST PALM BEACH, FL 33420</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>DAVID CURTIN</u>	<u>P.O. Box 32715</u> <u>WEST PALM BEACH, FL 33420</u>

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

OFFICERS/DIRECTORS

Change ~~ADD~~

ADD

~~REMOVE~~ XVP LEE ROZAN

1382 S.W. Jericho Ave.
Port St. Lucie, FL 34953

The date of each amendment(s) adoption: 8-25-12

Effective date if applicable: 8-25-12

(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.

Dated SEPT 19, 2012

Signature [Signature] - TREAS/SEC'y

(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)

HOWARD GOLIN

(Typed or printed name of person signing)

TREAS/SEC'y

(Title of person signing)