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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: EOD MEMOR	RIAL FOUNDATION, IN	<u>C.</u>
DOCUMENT NUM	BER: N08000006934		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
· 	JAME	ES P. O'NEIL	
	(Name of	Contact Person)	
	EOD MEMORIA	AL FOUNDATION, INC.	
	(Firm	n/ Company)	
	704	10 CR 772	
	(Address)	
	WEBST	ER, FL 33597	
	(City/ Sta	te and Zip Code)	
		ODMEMORIAL.ORG	cation)
For further information	on concerning this matter, pleas	•	oution
· · · · · · · · · · · · · · · · · · ·		040 000 00	
JAMES P. O'NEII		at (813) 389-03	
(Name	of Contact Person)	(Area Code & Dayt	ime Telephone Number)
Enclosed is a check f	or the following amount made	payable to the Florida Departme	nt 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)
	ng Address	Street Address	,
	idment Section	Amendment Section	
	ion of Corporations	Division of Corporat	ions
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cent	er Circle
i alignia5500, FL 54514			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EOD MEMORIAL FOUNDATION, INC.

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

N08000006934

(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:

bbreviation "Corp." or "Inc." <mark>"Company" or "Co</mark>	the word "corporation" or . <mark>" may not be used in the na</mark>	"incorporated" or ti me.
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET AD		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>OX</u>)	
•	ered office address in Florid	a, enter the name of
Name of New Registered Agent:		

Signature of New Registered Agent, if changing

position.

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	Address	Type of Action
	LORI GUZIEWICZ	7040 CR 772	□ Add
		WEBSTER, FL 33597	☐ Remove
	JOHN HAYNES		
	JOHN HATNES	7040 CR 772	
		WEBSTER, FL 33597	Remove
		-	
·			🗖 Add
			
E. If amen	ding or adding additional Article	s, enter change(s) here:	
	dditional sheets, if necessary). (i		
DATH DI	EMMONS - SECRETARY		
PAUL PL	EMINONS - SECRETART		
JOHN HA	YNES - TREASURER		
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		<u> </u>	
•		• •	

The date of each amendment(s) adoption: JULY 12, 2010		
	JULY 12, 2010 (date of adoption is required)	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated_JUL	Y 26, 2010	
Signature	apons	
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	JAMES P. O'NEIL	
	(Typed or printed name of person signing)	
	EXECUTIVE DIRECTOR	
	(Title of person signing)	

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