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| Certified Copies | Certificates | of Statue |
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Office Use Only



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SLURGIARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section
Division of Corporations

| · | | |
|--|--|--|
| NAME OF CORPORATION: | the United States | , St. Augustine Council, Inc. |
| DOCUMENT NUMBER: NO800007 | 409 | |
| The enclosed Articles of Amendment and fee are subn | nitted for filing. | |
| Please return all correspondence concerning this matte | r to the following: | |
| Robert W. Price | | |
| | (Name of Contact Persor | n) |
| Navy League of the United S | tates, St. Aug | gustine Council, Inc. |
| | (Firm/ Company) | |
| PO Box 5194 | | |
| | (Address) | |
| St. Augustine, FL 32085- | -5194 | |
| | (City/ State and Zip Code | -) |
| bpricex4@comcas | st.net | |
| E-mail address: (to be used | for future annual report r | notification) |
| For further information concerning this matter, please of | call: | |
| Robert W. Price | , 904 | 718-2118 de & Daytime Telephone Number) |
| (Name of Contact Person) | (Area Co | ode & Daytime Telephone Number) |
| Enclosed is a check for the following amount made pay | able to the Florida Depa | rtment of State: |
| S35 Filing Fee S43.75 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301 |

Articles of Amendment to Articles of Incorporation of



| Navy League of the United States, S | St. Augustine, Inc. | 14 SEP 30 | PM 1: 42 |
|--|--|--------------------|-----------|
| (Name of Corporation as currently filed with the Flo NO800007409 | orida Dept. of State) | | - |
| (Document Number of Co | orporation (if known) | | - |
| Pursuant to the provisions of section 617,1006, Florida Statute imendment(s) to its Articles of Incorporation: | es, this <i>Florida Not For Profit Corpo</i> | pration adopts the | following |
| A. If amending name, enter the new name of the corporati | ion; | | |
| Navy League of the United States, St. A | lugustine - Palm Coast (| Council, Inc. | The new |
| name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name. | | | |
| B. Enter new principal office address, if applicable: | 8259 A1A South | | |
| Principal office address <u>MUST BE A STREET ADDRESS</u> | St. Augustine, FL 320 | 080-8308 | • |
| | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | PO Box 5194 | | • |
| | St. Augustine, FL 320 | 085-5194 | |
| | | | |
| If amending the registered agent and/or registered office | ce address in Florida, enter the nar | ne of the | |
| new registered agent and/or the new registered office a | | | |
| Name of New Registered Agent: N/A | | <u>-</u> | |
| N/A | | | |
| | (Florida street address) | • | |
| New Registered Office Address: N/A | | | |
| | , Florida | | |
| (City) | | (Zip Code) | |
| New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai | | s of the position. | |

Page 1 of 4

Signature of New Registered Agent, if changing

| | e, 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 | PT Y SY | John Do Mike Jo Sally Sn | nes | | | |
|-----------------------------------|---------------|--------------------------------|-------------|---------------------------------------|---|---------------------------------------|
| Type of Action (Check One) | Title | | Name | | | Address |
| 1) Change | | - | | | _ | |
| Add | | | | | • | |
| Remove | | | | | - | |
| 2) Change | | _ | | | _ | |
| Add | | | | | _ | |
| Remove | | | | | - | |
| 3) Change | | _ | | | _ | |
| Add | | | | | | |
| Remove | | | | | - | |
| 4) Change | | _ | <u> </u> | | _ | |
| Add | | | | | | |
| Remove | | | | | | |
| 5) Change | | | | | | |
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| Remove | | | | | = | |
| icelitove | | | | | | |
| 6) Change | | _ | | | | |
| Add | | | | | - | |
| Remove | | | | | _ | · · · · · · · · · · · · · · · · · · · |

| If amending or adding additional Arti (attach additional sheets, if necessary). | (Be specific) | |
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| The date of each amendmen | May 3, 2014 | , if other than the |
|---|---|---------------------|
| date this document was signed | Store Lary of Shate. Division of Corporations | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendmont AlagrePH 1:42 | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/was/were sufficient for a | were adopted by the members and the number of votes cast for the amendment(s) oproval. | |
| There are no members or adopted by the board of | members entitled to vote on the amendment(s). The amendment(s) was/were directors. | |
| Dated Se | ptember 24, 2014 | |
| Signature | bert W. Price | |
| have | e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | |
| Robert | W. Price | |
| | (Typed or printed name of person signing) | |
| Treasu | rer | |
| | (Title of person signing) | |