## NO 900001016

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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SECRETARY OF STATE
TAIL AHASSEE, FLORID

Amend C.COULLIETTE MAR 0 4 2009 EXAMINER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

, >

NAME OF COR	PORATION: 53RD INF	ANTRY BRIGADE ASSOC	CIATION INC.
DOCUMENT N	JMBER: <u>N09000</u> 0	01016	
The enclosed Arti	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
	WM. KENT LI	TTON of Contact Person)	
	3BD INFANTRY BIS	16ADEASSOCIATION rm/Company)	IŊC
	11597 OVAL D	RIVE WEST (Address)	
<u></u>	LARGO, FL (City/s	33774 State and Zip Code)	
For further inform	ation concerning this matter,	please call:	
		at ( <u>727</u> ) <u>45</u> (Area Code & Daytin	
X \$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)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

## · Articles of Amendment to Articles of Incorporation of

53RD INFANTRY BRIG. (Name of Corporation as curren			<u> </u>
NO90000 101 (Document Numb		(if known)	
Pursuant to the provisions of section 617.1006, F the following amendment(s) to its Articles of Inco		is <i>Florida Not For Pro</i>	fit Corporation adopts
A. If amending name, enter the new name of t	he corporation:		
The new name must be distinguishable and conabbreviation "Corp." or "Inc." "Company" or			porated" or the
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET)			→ S 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	_	***************************************	AR - 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u> )		FG E T
			42 DRIDA
D. If amending the registered agent and/or renew registered agent and/or the new registered.			r the name of the
Name of New Registered Agent:	erea office addre	<u>35:</u>	
New Registered Office Address:	(Florida	street address)	
_	(	City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered to position.			the obligations of the
Sia	mature of New Re	aistored Agent if chan	

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	<del> </del>		Add Remove
(attach ad	ding or adding additional Articles dditional sheets, if necessary). (B	e specific)	
• •	DISSOLUTION		- A-T. O. LACCETS
	DN THE DISSOLUTION		•
	LL BE DISTRIBL	•	_
•	RPOSES WITHIN		
	1(c)(3) OF THE IN		
013	CORRESPONDING	SECTION OF AN	Y FUTURE
FEDE	ERAL TAX CODE	OR SHALL BE	DISTRIBUTED
TO	THE FEDERAL GO	DVEIZNMENT, OR	R TO A STATE
OR	LOCAL GOVERN	MENT, FOR A PU	BLIC PURPOSE.
		<u>'</u>	
***			
		,	
	<del> </del>		

The date of each amendment(s) adoption: 2-20-08		
Effective date <u>if applicable</u> :		
	(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	1-20-08	
Signature_	Willia Xf with	
(By	the chairman or vice chairman of the board, president or other officer-if directors	
	re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	WILLIAM KENT LITTON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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