

ND9000005526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

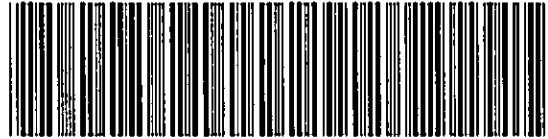
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JAN 03 2017

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18 JAN -2 AM 11:02

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2017

ELIZABETH A JOYCE
PO BOX 6647
LAKE WORTH, FL 33466

SUBJECT: ~~FRATERNAL ORDER OF EAGLES, LAKE WORTH AUXILIARY~~
~~#3694, INC~~

Ref. Number: N09000005526

We have received your document for FRATERNAL ORDER OF EAGLES, LAKE WORTH AUXILIARY #3694, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

(The current name of the entity is as referenced above. Please correct your document accordingly.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 017A00025220

18 JAN -2 PM 3:34
DIVISION OF CORPORATIONS

December 29, 2017

Sheila H. Young
Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Young,

Subject: Fraternal Order of Eagles, Lake Worth Auxiliary # 3694, Inc.

Ref. Number: N09000005526

Letter Number: 017A00025220

Please find enclosed, per your instruction, a correction to our amendment.
Thank you for your attention to this matter. Best Wishes for a Happy New Year.

Sincerely

Elizabeth A. Joyce
Fraternal Order of Eagles # 3694
P.O. Box 6647 Lake Worth, FL 33466

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Fraternal Order of Eagles, Lake Worth Auxiliary

DOCUMENT NUMBER: N09000005526

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

Please return all correspondence concerning this matter to the following:

Elizabeth A. Joyce

(Name of Contact Person)

Fraternal Order of Eagles, Lake Worth Auxiliary

(Firm/ Company)

P.O. Box 6647

(Address)

Lake Worth, FL 33466

(City/ State and Zip Code)

ljflaux3694@yahoo.com

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

For further information concerning this matter, please call:

Elizabeth A. Joyce

561

512-5376

at

(Name of Contact Person)

(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

Fraternal Order of Eagles, Lake Worth Auxiliary # 3694 Inc.

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

N09000005526

(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:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

Elizabeth A. Joyce

P.O. Box: 6647

2101 LAKE WORTH ROAD

(Florida street address)

New Registered Office Address:

Lake Worth

(City)

Florida 33466

(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.

Elizabeth A. Joyce

Signature of New Registered Agent, if changing

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

November 20, 2017

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

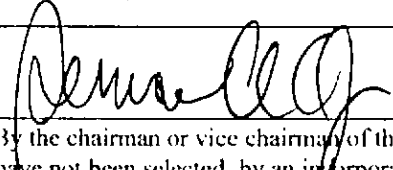
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 December 4, 2017

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)

Denise Oja

(Typed or printed name of person signing)

President

(Title of person signing)