ND900005526

| (Re | equestor's Name) |
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| (Ad | ldress) |
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| (Cit | ty/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Bu | siness Entity Name) |
| (Do | ocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
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December 13, 2017

ELIZABETH A JOYCE PO BOX 6647 LAKE WORTH, FL 33466

SUBJECT: FRATERNAL-ORDER-OF-EAGLES,-LAKE-WORTH-AUXILIARYS

#3694;HNC

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 placed 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

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

Tallahassee, FL 32314

| NAME OF CORPORATION: | er of Eagles, Lake Wort | h Auxiliary | |
|--|---|---------------------------------|---|
| N09000005526 DOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee a | re submitted for filing. | | |
| Please return all correspondence concerning thi | s matter to the following | 3 : | |
| Elizabeth A. Joyce | | | |
| | (Name of Contac | et Person) | |
| Fraternal Order of Eagles, Lake Worth Auxilia | ary | | |
| | (Firm/ Comp | pany) | |
| P.O. Box 6647 | | | |
| | (Address | s) | |
| Lake Worth, FL 33466 | | | |
| | (City/ State and 7 | Zip Code) | |
| ljflaux3694@yahoo.com | | | |
| E-mail address: (to b | be used for future annual | report notification | on) |
| For further information concerning this matter, | please call: | | |
| Elizabeth A. Joyce | | 561 at | 512-5376 |
| (Name of Contact | Person) | | (Daytime Telephone Number) |
| Enclosed is a check for the following amount m | nade payable to the Flori | da Department of | f State: |
| \$35 Filing Fee \$\Bigcip \\$43.75 Filing 8 Certificate of 8 | Fee & \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{ | py is Certi (Add | 50 Filing Fee ificate of Status fied Copy litional Copy is losed) |
| Mailing Address Amendment Section | | Street Address Amendment Sec | tion |
| Division of Corporations | | Division of Corp | oorations |
| P.O. Box 6327 | | Clifton Building | |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

| Fraternal Order of Eagles, Lake Worth Akiliary # 3/31 | 1 To | | | |
|---|--------------------------------|--|--------------------|--------------------------------------|
| (Name of Corporation as curre | -, - | orida Dept. of State) | | |
| | | | | |
| (Document Num | ber of Corporation (i | Cknown) | | |
| Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation: | tes, this <i>Florida Not</i> | For Profit Corporation ad | opts the following | |
| A. If amending name, enter the new name of the corpora | tion: | | | |
| N/A | | | The new | |
| name must be distinguishable and contain the word "corpord "Company" or "Co." may not be used in the name. | ation" or "incorpora | ted" or the abbreviation "(| Corp." or "Inc." | |
| B. Enter new principal office address, if applicable: | N/A | | | |
| (Principal office address MUST BE A STREET ADDRESS |) | | | |
| | <u></u> | | | |
| | · | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A | | 18 | |
| | | | 2 | ું કું કું |
| | | ···· | - 12 | 1 ⁷⁷ 11 ⁸ 8 |
| | | | 1-1 24 | |
| D. If amending the registered agent and/or registered offi | ice address in Florid | a, enter the name of the | AH 11: 02 | |
| new registered agent and/or the new registered office a | | | 是 2 | |
| Name of New Registered Agent: Elizabeth | n A. Joyce | | - 3 - | |
| €P:O::Box | =664.7= 2101 L | AKE Worth ROAd | | 40 229.70 |
| New Registered Office Address: | | (Florida street address) | | |
| Lake Wo | rth | | 33466 | |
| | (City) | , Florida | | |
| | | (zp) | ue) | |
| New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa | Agent: miliar with and acce | pt the obligations of the pa | sition. | |
| _ 5/1: | ralth a | · by Cl- istered Agent, if changing | | |
| S | ignature of New Reg | istered 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: X Change X Remove X Add | <u>V</u> <u>Mi</u> | m Doe ke Jones lly Smith | |
|-----------------------------------|--------------------|--------------------------------|---------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | <u>s</u> | Nancy Ochs | 2028 Collier Avenue |
| Add | | | Lake Worth, FL 33461 |
| X Remove | | | |
| 2) Change | S | Elizabeth A. Joyce | 437 S. Country Club Drive |
| X Add | | | Atlantis, FL 33462-1203 |
| Remove | | | |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Article (attach additional sheets, if necessary). | (Be specific) | <u>re</u> . | |
|---|---------------------------------------|-------------|---|
| N/A | | | |
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| | e date of each amendment(s) adoption: e this document was signed. | , if other than th |
|----|---|--------------------|
| Em | fective date if applicable: | |
| | (no more than 90 days after amendment file date) | |
| | te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not current's effective date on the Department of State's records. | be listed as the |
| Ad | option of Amendment(s) (<u>CHECK ONE</u>) | |
| | 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. | |
| | Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an interporator – 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) | |