

N10000007094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

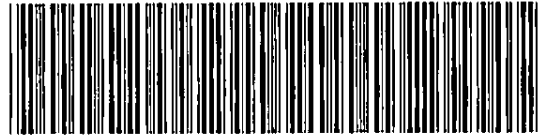
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

✓

Office Use Only



400317857654

09/06/18--01011--024 \*\*52.50

FILED

2018 SEP 24 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FL

Amend.  
09/25/18  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2018

CHARLES FLETCHER  
UNITED VETERANS OF AMERICA POST 1  
1756 MISSOURI AVE.  
LARGO, FL 33770

SUBJECT: UNITED VETERANS OF AMERICA WORLD HEAD QUARTERS  
INC.  
Ref. Number: N10000007094

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 018A00018854

FILED  
SEP 11 2018  
TALLAHASSEE

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **UNITED VETERANS OF AMERICA WORLD HEAD QUARTERS INC.**

DOCUMENT NUMBER: **N1000000 7094**

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

Please return all correspondence concerning this matter to the following:

**CHARLES FLETCHER**

(Name of Contact Person)

**UNITED VETERANS OF AMERICA WORLD HEAD QUARTERS INC.**

(Firm/ Company)

**1756 MISSOURI AVENUE**

(Address)

**LARGO, FL 33770**

(City/ State and Zip Code)

**thetinmanfletcher@gmail.com** ✓

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

For further information concerning this matter, please call:

**CHARLES FLETCHER**

(Name of Contact Person)

**941-580-0220**

at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

**UNITED VETERANS OF AMERICA WORLD HEAD QUARTERS INC.**

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

**N1000000 7094**

(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:**

*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:**  
(Principal office address MUST BE A STREET ADDRESS)

**NO CHANGE**

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

**NO CHANGE**

**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:*

**WILLIAM ELLMORE**

**1756 MISSOURI AVE**

(Florida street address)

*New Registered Office Address:*

**LARGO**

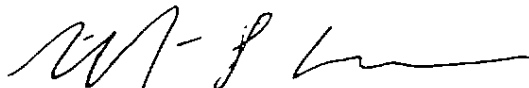
(City)

Florida **33770**

(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.*



*Signature of New Registered Agent, if changing*

FILED  
2018 SEP 24 AM 9:09  
SECRETARY OF STATE

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>PAUL KIMPEL</u> PAUL KIMPEL HAS RESIGNED HIS POST	<u>1756 MISSOURI AVENUE</u> <u>LARGO, FL 33770</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>WILLIAM ELLMORE</u>	<u>1756 MISSOURI AVENUE</u> <u>LARGO, FL 33770</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>PAUL PARTRIDGE</u> NO CHANGE	<u>1756 MISSOURI AVENUE</u> <u>LARGO, FL 33770</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>FRED WISEMAN</u> NO CHANGE	<u>1756 MISSOURI AVENUE</u> <u>LARGO, FL 33770</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>CHARLES FLETCHER</u> NO CHANGE	<u>1756 MISSOURI AVENUE</u> <u>LARGO, FL 33770</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SD</u>	<u>TIM WHITE</u> NO CHANGE	<u>1756 MISSOURI AVENUE</u> <u>LARGO, FL 33770</u>

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

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 8-29-2018

Signature W. P. Ellmore

(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)

William P. Ellmore  
(Typed or printed name of person signing)

President  
(Title of person signing)