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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

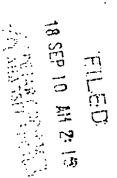




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S TALLENT SEP 1 2 2018



MC



August 24, 2018

MICHAEL SPECK MICHAEL SPECK AND ASSOCIATES PO BOX 181455 CASSELBERRY, FL 32718-1455

SUBJECT: FLORIDA BOYS STATE INC.

Ref. Number: N10000007303

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 DOCUMENT YOU HAVE SUBMITTED IS REFERENCED SPECIFICALLY FOR FLORIDA PROFIT BENEFIT OR FLORIDA PROFIT SOCIAL PURPOSE CORPORATIONS.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 718A00017630

Susan Tallent Regulatory Specialist II

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLORIDA BOYS STATE INC.	
DOCUMENT NUMBER: N 1000000 7303	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MICHOEL SPECK (Name of Contact Person)	
(Name of Contact Person)	
MICHAEL SPECK AND ASSOC. INC. (Firm/Company)	
(Firm/ Company)	
P. O. ROX 181455 (Address)	
(Address)	
CASSELBEARY FL 32718 (City/ State and Zip Code)	
(City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MICHAEL (DECV 321 200 1009	
MICHAEL SPECK at 321 - 279 - 1009 (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:	
The losed is a check for the following amount made payable to the fibridal reparament of state.	
☐ \$35 Filing Fee ☐ S43.75 Filing Fee & ☐ S43.75 Filing Fee & ☐ S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status	
(Additional copy is Certified Copy	
enclosed) (Additional Copy is Enclosed)	
Mailing Address Street Address	
Amendment Section Amendment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

石川田口

Articles of Amendment to Articles of Incorporation of

FLORIDA	BOYS	STATE	INC.		
(Name of Corporation as curren	ntly filed with	the Florida Dep	t. of State)		
N 1 000 000	<u> </u>	3			
(Document Numb	ber of Corporat	ion (if known)			
fursuant to the provisions of section 617,1006, Florida Statut mendment(s) to its Articles of Incorporation:	es, this <i>Florida</i>	Not For Profit	Corporation adop	ots the follo	owing
. If amending name, enter the new name of the corporat	tion:	•			
FLORIDA AMERICA	N LEG	ION BO	ys state	IWA	new.
name must be distinguishable and contain the word "corpora					
'Company" or "Co." may not be used in the name.					
B. Enter new principal office address, if applicable:			· · · · · · · · · · · · · · · · · · ·		
Principal office address <u>MUST BE A STREET ADDRESS</u>	()				
		•	· ·	٠	·20
				روختمار - ا مرو	<u> </u>
Enter new mailing address, if applicable:				د استون د و استون	- 0
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				<u></u>	\Box
					13
			<u> </u>		(4)
 If amending the registered agent and/or registered offines rew registered agent and/or the new registered office: 		<u>Florida, enter th</u>	ie name of the	,	
new registered agent and/or the new registered writee.	<u>auu 1 135.</u>				
Name of New Registered Agent	· 				
New Registered Office Address:		(Florida stret	et address)		
			, Florida		
	(City)		(Zip Coa	te)	
ew Registered Agent's Signature, if changing Registered					
hereby accept the appointment as registered agent. I am fa	imiliar with and	I accept the obli	gations of the pos	ition,	
	Simpanya of Na	w Registered Age	ont if changing		
	ngnature of the	n negisierea agi	ent, ij thanging		

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			.
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)					
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	date of each amendment(s) adoption:his document was signed.
Effect	tive date if applicable:
	(no more than 90 days after amendment file date)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.
₹dop	etion of Amendment(s) (CHECK ONE)
X (''	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 AUGUST 31, 2018
	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)
	MICHAEL MCDANIEL
	(Typed or printed name of person signing)
	Department Asjutant Florida S (Pile of person signing)

listed as the