N10000008148

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COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations NATIONAL COALITION FOR PATRIOTS, INC. N10000008148 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL BOHAYCHYK, SECRETARY (Name of Contact Person) NATIONAL COALITION FOR PATRIOTS, INC. (Firm/ Company) 3241 66TH STREET SW (Address) NAPLES, FLORIDA 34105 (City/ State and Zip Code) MIKE@NATIONALCOALITIONFORPATRIOTS.ORG E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHAEL BOHAYCHYK 239 438-3089 (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & **\$35** Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

NATIONAL COALITION FOR PATRIOTS INC.

(Name of Corporation as currently filed with the Florida Dept. of State) N1000008148



(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:

name must be distinguishable and contain	the word "corporat	ion" or "incorporated" or	The abbreviation "Corp." or ".
"Company" or "Co." may not be used in		•	•
B. Enter new principal office address, if applicable:		2722 SW 3rd A	VENUE
(Principal office address <u>MUST BE A ST</u>	TREET ADDRESS)	CAPE CORAL,	FLORIDA 33914
C. Fatan and mailing ald a second sec			· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2722 SW 3rd A	VENUE
		CAPE CORAL,	FLORIDA 33914
D. If amending the registered agent and new registered agent and/or the new	d/or registered office	e address in Florida, ente	er the name of the
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:	registered office a	e address in Florida, ente ddress: P BOHAYCHYK	er the name of the
new registered agent and/or the new	MICHAEL F	ddress:	er the name of the
new registered agent and/or the new	MICHAEL F	ddress: P BOHAYCHYK	er the name of the
new registered agent and/or the new Name of New Registered Agent:	MICHAEL F	ddress: P BOHAYCHYK STREET SW	
Name of New Registered Agent:	registered office ad MICHAEL F 3241 66TH	ddress: P BOHAYCHYK STREET SW	r the name of the , Florida (Zip Code)

Page 1 of 4

. 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	PT John De V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CEO	GEORGE TICE	17517 ALLENTOWN RD.
Add			FT. MYERS, FL 33967
X Remove			
2) Change			
Add			·
Remove			
3) Change			
Add			
Remove			
A) Channi			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			\

E. If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)	
N/A		
-		
		
-		

The date of each amendment(s	s) adoption: 07/16/12	
Effective date <u>if applicable</u> :	07/16/12	
Effective date in applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
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) proval.	
There are no members or n adopted by the board of di	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated	6/12	
have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
DAN AS	SHBY	
PRESID	(Typed or printed name of person signing) DENT	
,	(Title of person signing)	