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(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	iy/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	ocyment Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:



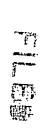


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: Honor Flight of \	West Central Florida, Ir	nc
DOCUMENT	NUMBER: <u>N10000010510</u>		
The enclosed A	rticles of Amendment and fee are submi	tted for filing.	
Please return all	correspondence concerning this matter	to the following:	,
	FREDERIC	K N. OLSON	
	(Name of Co	ontact Person)	
	HONOR FLIGHT OF WES	T CENTRAL FLORIDA, IN	C
	(Firm/ C	Company)	
	6454 BARBE	ERRY COURT	
•	. (Add	dress)	
	LAKEWOOD RANCH,	FLORIDA 34202-2000	
-	(City/ State a	and Zip Code)	
-		earthlink.net or future annual report notificat	ion)
For further infor	rmation concerning this matter, please ca	all:	
FRED OLSO		at (941) _896-6576	
(1)	Name of Contact Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a ch	eck for the following amount made paya	able to the Florida Department of	of State:
\$35 Filing Fe	e ☐ \$43.75 Filing Fee & Certificate of Status	☑ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$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 (Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



HONOR FLIGHT OF WEST CENTRAL FLORIDA, INC.

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

N10000010510

(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:

The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "Co.		
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)	
D. If amending the registered agent and/or registenew registered agent and/or the new registered Name of New Registered Agent:		la, enter the name of th

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

'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) Title **Type of Action** Name Address ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Amendment Paragraph(s) This organization is organized exclusively for charitable, educational purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Competent Jurisdiction of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

The date of each amendmen	t(s) adoption: 03/17/2011
Effective date <u>if applicable</u> :	(date of adoption is required) 03/17/2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wewas/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_03/1	17/2011 f 0 D L
hav	the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	FREDERICK N. OLSON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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