

N11000003533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 NOV 10 PM 4:14

C. Lewis  
11-19-14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2014

JOHN A. LOGSDON / FRATERNAL ORDER OF EAGLES AERIE 4401  
933 BEVILLE RD SUITE 102-F  
DAYTONA BEACH, FL 32119 US

SUBJECT: FRATERNAL ORDER OF EAGLES AERIE #4401, INC.  
Ref. Number: N11000003533

We have received your document for FRATERNAL ORDER OF EAGLES AERIE #4401, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 414A00023646

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FRATERNAL ORDER OF EAGLES # 4401, INC

**DOCUMENT NUMBER:** N11000003533

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

Please return all correspondence concerning this matter to the following:

JOHN A LOGSDON

(Name of Contact Person)

FRATERNAL ORDER OF EAGLES # 4401, INC

(Firm/ Company)

933 BEVILLE RD SUITE 102-F

(Address)

DAYTONA BEACH FL 32119

(City/ State and Zip Code)

MARVY L SI @ YAHOO.COM (ALL SMALL LETTERS)

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

For further information concerning this matter, please call:

JOHN A LOGSDON

(Name of Contact Person)

at ( 386 ) 304-4401

(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 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 NOV 10 PM 4:14

FRATERNAL ORDER OF EAGLES AERIE #4401, INC

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

N11000003533

(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:

NA

*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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida  
(City)

(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

NA

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>

Type of Action  
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change	<u>TR</u>	<u>Jerry Macklefresh</u>	<u>839 Terrace Ave</u>
<input type="checkbox"/> Add	<u>old paperwork</u>		<u>Daytona Bch FL 32114</u>
<input checked="" type="checkbox"/> Remove	<u>Shows TO</u>		

2) <input type="checkbox"/> Change	<u>TR</u>	<u>Hubert Wheeler</u>	<u>1930 S. Ridgewood Ave Lot 72</u>
<input checked="" type="checkbox"/> Add	<u>old paperwork</u>		<u>South Daytona FL 32119</u>
<input type="checkbox"/> Remove	<u>Shows TO</u>		

3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(attach additional sheets, if necessary). (Be specific)

[illegible]

NA

The date of each amendment(s) adoption: October 14, 2014  
date this document was signed.

FILED  
SECRETARY OF STATE, if other than the  
DIVISION OF CORPORATIONS

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

NOV 10 PM 4:14

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 November 13, 2014

Signature: John A. Logsdon

(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)

John A Logsdon

(Typed or printed name of person signing)

Registered Agent / Secretary

(Title of person signing)