N11000003533

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SLORETARY OF STATE DIVISION OF CORPORATIONS

C. Lewis C. Lewis



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

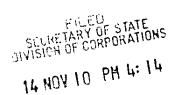
Letter Number: 414A00023646

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FRATERA	146 ORDER OF FAGIES # 4401, INC
DOCUMENT NUMBER: N/1000003	<i>53</i> 3
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Joh.	(Name of Contact Person)
•	(Name of Contact Person)
FRATERNALONDER	OF EAGLES # 4401, FMC (Firm/Company)
	(Firm/ Company)
933 Beville	Rd Suite 102-F
	(Address)
DAYTURA BEACH	FL 32/19 (City/State and Zin Code)
FILITO TO TOTAL	(City/ State and Zip Code)
MARVY L 5/ E-mail address: (to be use	Dyshoo. Com (All SMALL Leffexs) ed for future annual report notification)
For further information concerning this matter, pleas	se call:
JOHNA LUGSBON	at (386) 304.4401 (Area Code & Daytime Telephone Number)
(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:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Scale 2
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



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: 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 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

AU

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 I V Mike SV Sally S	Jones .	·
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	Old paperus Shows To	<u>Jerry Macklefresl</u> ork	n 839 Terrace Ave Daytona Ben fl 3211
2) Change Add Remove	TR old paperus Shows 70	Hubert Wheeler	1930 S. Ridgewood Ave Lot South Daylono, F2 3211
3) Change Add Remove	·		
4) Change Add Remove			
Change Add			
Remove 6) Change Add			
Remove			

 If amending or adding additional Art (attach additional sheets, if necessary). 	(Be specific)
<u> </u>	
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1 1-1	



	date of each amendment(s) a	idoption: <u>Octobee</u>	14,2014	FILEO STATE if other than the
date	this document was signed.		SĽ SÍVIC	CKE LARY OF STATE, IT other than the JOH OF CORPORATIONS
Effe	ctive date if applicable:		3111	py h: 14
		(no more than 90 days a	fier amendment file dat ê)l	MOV 10 the
•				
Ado	ption of Amendment(s)	(<u>CHECK ONE</u>)		
	The amendment(s) was/were a was/were sufficient for approx	adopted by the members and the wal.	number of votes cast for the	amendment(s)
	There are no members or men adopted by the board of direct	nbers entitled to vote on the amer tors.	ndment(s). The amendment	(s) was/were
	Dated Nover	nBer 13, 2014		
	Signature Solo	a Passon	_ _	
		irman or vice chairman of the box	ard, president or other offic	er-if directors
	have not b	een selected, by an incorporator - t appointed fiduciary by that fiduc	- if in the hands of a receive	er, trustee, or
		John A LogSD		
•		(Typed or printed name of pers	on signing)	•
	Req	istened Agent	/ Sec Retary	
		(Title of person sign	ing)	