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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION:Armed Forces \	eterans of	Zellwood Station, Inc.
DOCUMENT NUMBER: N1100000583	2	
The enclosed Articles of Amendment and fee are submitted	for filing.	
Please return all correspondence concerning this matter to th	e following:	
John G. Moulder		
	e of Contact Person	n)
Armed Forces Veterans of	Zellwood	Station, Inc.
(I	irm/Company)	
3509 Blossom Circle		
	(Address)	
Zellwood/Florida 32798		
(City/	State and Zip Code	>)
gran@embarqmail.c	om	
E-mail address: (to be used for fu	ture annual report r	notification)
For further information concerning this matter, please call:		
John G. Moulder	407	886-1839 de & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida Depa	rtment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43 Certificate of Status Certified Cop (Adenclosed)	_	ficate of Status Certified Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division Clifton 2661 E	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301

Articles of Amendment to

Articles of Incorporation

2012 JAN -3 AM 9 53

TALLAHASSEE. FLORIDA

Armed Forces Veterans of Zellwood Station Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) N11000005832

(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 "corporation" or "incorporated" or the abbreviation "Corp." or "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: (Mailling address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address; Name of New Registered Agent: New Registered Office Address: (Florida street address) New Registered Office Address: (City) 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.			Th
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: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:			orporated" or the abbreviation "Corp." or "
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: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:			
Name of New Registered Agent: Color Color			
(Florida street address) New Registered Office Address:			
New Registered Office Address:	new registered agent and/or the ne	w registered office address:	Florida, enter the name of the
(City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	new registered agent and/or the ne	w registered office address:	Florida, enter the name of the
New Registered Agent's Signature, if changing Registered Agent:	new registered agent and/or the ne Name of New Registered Agent:	w registered office address:	
	new registered agent and/or the ne Name of New Registered Agent:	w registered office address:	ddress)
	new registered agent and/or the ne Name of New Registered Agent:	w registered office address: (Florida street ac	ddress) , Florida
nereby accept the appointment as registered agent. I am jumital with and accept the obtigations of the position.	new registered agent and/or the ne Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if o	(City)	ddress) , Florida (Zip Code)

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: XChange	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change Add Remove		-		
2) Change				
Add Remove				
3) Change Add Remove			······································	
4) Change Add Remove				
5) Change Add				
Remove				
6) Change Add Remove				
Remove				

E. If amending or adding additional Articles, enter change(s) here:
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Article VIII Legal Status and Dissolution
Sec. 1. The Armed Forces Veterans of Zellwood Station, Inc. is an incorporated
association formed solely for the purpose of providing a mutually supportive and positive
environment where all members have the opportunity to partake in community wide suppor
of the United States military, the United States government, and the Commander in Chief
AFVOZS is not legally affiliated with any company, agency, or special interest group from
which this organization my draw its members or services. The use of AFVOZS
funds shall be limited to sanctioned events or purposes.
Sec. 2. Upon the dissolution of the organization, assets shall be distributed for one or
more exempt purposes within the meaning of IRC 501 (c)(3) 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 assets not disposed of shall be disposed of by a 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 purpose
Sec. 3. AFVOZS bylaws shall be governed by and interpreted in accordance with
the laws of the State of Florida.

The date of each amendmen	t(s) adoption: December 16, 2011
Effective date <u>if applicable</u> :	December 16, 2011
<u> uppneusse</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dated Dec	Sohn G. Murilder
(By the	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 court appointed fiduciary by that fiduciary)
John G	i. Moulder
	(Typed or printed name of person signing)
Preside	ent
 	(Title of person signing)