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| (Re                                     | questor's Name)   |             |  |  |
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| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Bu                                     | siness Entity Na  | me)         |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | _ Certificate     | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| Division of Corporations   |  |  |
|--|--|--|
| HAME OF CORPORATION: F.O.I.A.S.  | C. POST 1  | 002 INC.   |
| OCUMENT NUMBER: N1100006   | 613  |  |
| The enclosed Articles of Amendment and fee are subm  | nitted for filing.   |  |
| lease return all correspondence concerning this matter   | to the following:  |  |
| Ronald L Jaffe   |  |  |
| (  | Name of Contact Perso  | n)   |
| Fraternal Order of Irish America   | ın Social Club   | of Flagler County Inc.   |
|  | (Firm/ Company)  |  |
| 101 Brewster Lane  |  |  |
|  | (Address)  | •  |
| Palm Coast, Florida 3213   | 37   |  |
| (  | City/ State and Zip Cod  | (e)  |
| mchenryspub@cfl  |  | notification)  |
| or further information concerning this matter, please of                                       | •  |  |
| Ronald L Jaffe   | 386  | , 283-6984   |
| (Name of Contact Person)   |  | ode & Daytime Telephone Number)  |
| inclosed is a check for the following amount made pay  | able to the Florida Dep  | artment of State:  |
| ☐ \$35 Filing Fee ☐ \$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 | Ameno<br>Divisio<br>Cliftor<br>2661 I                              | Address diment Section on of Corporations n Building Executive Center Circle assee, FL 32301 |

## Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State) F.O.I.A.S.C. POST 1002 INC. (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. 101 Brewster Lane B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Palm Coast, Florida 32137 C. Enter new mailing address, if applicable: 101 Brewster Lane (Mailing address MAY BE A POST OFFICE BOX) Palm Coast, Florida 32137 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.

Page 1 of 4

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)

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 | <u>V Mil</u> | n <u>Doe</u><br>ke Jones<br>ly Smith   |                           |
|----------------------------------|--------------|--|---------------------------|
| Type of Action<br>(Check One)    | <u>Title</u> | <u>Name</u>  | Address                   |
| 1) Change                        | VP,T         | Danielle Bordieri  | 35 Barrister Lane         |
| Add                              |              |  | Palm Coast, Florida 32137 |
| X Remove                         |              |  |                           |
| 2) Change                        |              |  |                           |
| Add                              |              |  |                           |
| Remove                           | _            |  |                           |
| 3) Change                        | <u>P,S</u>   | and the state of t |                           |
| Add                              |              |  |                           |
| Remove                           |              |  |                           |
| 4) Change                        | -            |  |                           |
| Add                              |              |  |                           |
| Remove                           |              |  |                           |
| 5) Change                        |              |  |                           |
| Add                              |              |  |                           |
| Remove                           |              |  |                           |
| 6) Change                        |              |  |                           |
| _                                | <del></del>  |  |                           |
| Add                              |              |  |                           |
| Remove                           |              |  |                           |

| . If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |                                       |   |          |              |             |  |   |
|--|---------------------------------------|---|----------|--------------|-------------|--|---|
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| The  | e date of each amendment(s) adoption: U9/U1/2U12   |  |  |  |  |
|--|--|--|--|--|--|
|  | fective date if applicable: 09/01/2012   |  |  |  |  |
| (no more than 90 days after amendment file date) |  |  |  |  |  |
| Ado  | option of Amendment(s) ( <u>CHECK ONE</u> )  |  |  |  |  |
|  | 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 09/01/2012   |  |  |  |  |
|  | Signature  |  |  |  |  |
|  | (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) |  |  |  |  |
|  | Ronald L Jaffe   |  |  |  |  |
|  | (Typed or printed name of person signing)  |  |  |  |  |
|  | Director   |  |  |  |  |
|  | (Title of person signing)  |  |  |  |  |