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PICK-UP WAIT	MAIL
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(Business Entity Name)	
(Document Number)	ii
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Special Instructions to Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

Brevard County NAME OF CORPORATION: !!	Division 2 of the Ancient Order of Hibernians in America, Inc.
N12000001440 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Francis X. Delaney	
	(Name of Contact Person)
N/A	
	(Firm/ Company)
2601 S. Fairway Drive	
	(Address)
Melbourne, FL 32901-5823	
	(City/ State and Zip Code)
wdib44@aol.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
Francis X. Delancy	at
(Name of Contact Pe	rson) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	le payable to the Florida Department of State:
\$35 Filing Fee \$\sum \\$43.75 Filing Fe Certificate of Sta	
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

Brevard County Division 2 of the Ancient Order of Hibernians in America, Inc.

Bievand County Bivision 2 of the Interest City	V. M. V. M. V.
(Name of Corporatio	on as currently filed with the Florida Dept. of State)
N12000001440	
(Docu	ment Number of Corporation (if known)
` {{	orida Statutes, this Florida Not For Profit Corporation adopts the following
 A. If amending name, enter the new name of th	he corporation:
Ancient Order of Hibernians in America 08BV02	t, Inc. The new
name must be distinguishable and contain the won "Company" or "Co." may not be used in the nam	rd "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." ne.
B. Enter new principal office address, if applic	cable:
(Principal office address <u>MUST BE A STREET</u>)	ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	E BOX)
D. If amending the registered agent and/or reg new registered agent and/or the new registe	vistered office address in Florida, enter the name of the ered office address:
Name of New Registered Agent	
New Registered Office Address	(Florida street address) §:
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing 2

	resident; Chief F	T= Treasure inancial Offic	S= Secretary; D= Director; TR= Truster. If an officer/director holds more than	ee; C = Chairman or Clerk; CFO = Chief one title, list the first letter of each office
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove,	ves the co	orporation, Sa	lly Smith is named the V and S. These sho	T and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add Type of Action	PT V SV Title	John Doe Mike Jones Sally Smith	The control of the co	Address
(Check One)		<u> </u>		
1) Change				····-
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
2) Change				
Add			_	
Remove				
3) Change			<u> </u>	
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Remove				
4) Change			 	
Add				
Remove				
5) Change				
Add			_	
Remove				
6) Change				
Add				

Page 2 of 4

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)

Remove

E. If amending or adding additional Articles,	 enter change(s) here:
E. If amending or adding additional Articles, (attach additional sheets, if necessary). (Be	specific)
	<u>I</u>

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable:	
(no m	bre than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CH	ECK ONE)
☐ The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of votes cast for the amendment(s)
There are no members or members entitled adopted by the board of directors.	to vote on the amendment(s). The amendment(s) was/were
Dated	
Signature Francis	X Delaney
	chairman of the board, president or other officer-if directors
	by an incorporator – if in the hands of a receiver, trustee, or duciary by that fiduciary)
FRANCIS	X. DELANEY
	(Typed or printed name of person signing)
PRESIDE,	$\bigvee_{\tau} \tau$
	(Title of person signing)
	II