

N12000000 1440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

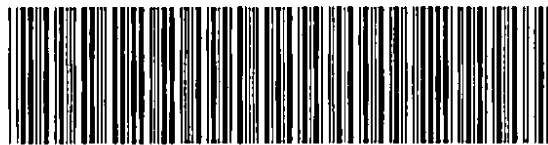
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20 APR -3 AM 11:32  
TOLSON CO. ORATIONS

Amend

APR 08 2020

D CUSHING

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Ancient Order of Hibernians in America, Inc., Division 2, Brevard County Florida

DOCUMENT NUMBER: N12000001440

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

Please return all correspondence concerning this matter to the following:

Greg Neuhaus

(Name of Contact Person)

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

(Firm/ Company)

P O Box 993

(Address)

Melbourne, FL 32902-0993

(City/ State and Zip Code)

gneuhaus@gmail.com

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

For further information concerning this matter, please call:

Greg Neuhaus

513

315 0276

at

(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    ☐ \$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

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
20 APR -3 AM 11:32



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2020

ROBERT TODD MCDONALD  
ANCIENT ORDER OF HIBERNIANS  
251 NAYLOR DR  
WEST MELBOURNE, FL 32904

SUBJECT: ANCIENT ORDER OF HIBERNIANS IN AMERICA, INC. DIVISION  
II, BREVARD COUNTY FLORIDA  
Ref. Number: N12000001440

We have received your document for ANCIENT ORDER OF HIBERNIANS IN AMERICA, INC. DIVISION II, BREVARD COUNTY FLORIDA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Non-Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Diane Cushing  
Senior Section Administrator

Letter Number: 120A00004090

2020 FEB 24 PM 1:10

Articles of Amendment  
to  
Articles of Incorporation  
of

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

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

N12000001440

(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:**

*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**)

251 Naylor Dr.

Melbourne, Fl. 32904

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

P O Box 993

Melbourne, Fl 32902-0993

**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:

Robert Todd McDonald

251 Naylor Dr

(Florida street address)

New Registered Office Address:

Melbourne

(City)

Florida 32904

(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

**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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Patrick Ripton</u>	<u>290 Hiawatha Way</u> <u>Melbourne, FL 32951</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Robert Todd McDonald</u>	<u>P O Box 993</u> <u>Melbourne, FL 32902-0993</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Robert Todd McDonald</u>	<u>P O Box 993</u> <u>Melbourne, FL 32902-0993</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Keith Reynolds</u>	<u>P O Box 993</u> <u>Melbourne, FL 32902-0993</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Greg Neuhaus</u>	<u>P O Box 993</u> <u>Melbourne, FL 32902-0993</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Joseph Rozengota</u>	<u>P O Box 993</u> <u>Melbourne, FL 32902-0993</u>

**E. If amending or adding additional Articles, enter change(s) here:**

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

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

 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

3-28-20

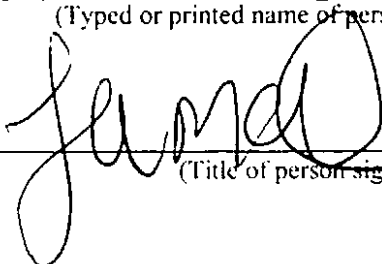
Signature



(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)

Robert T. McDonald

(Typed or printed name of person signing)



(Title of person signing)