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COVER LETTER

TO: Amendment Section Division of Corporations EDWARD C. DESAUSSURE POST NO. 9 THE AMERICAN LEGION JACKSONVILLE, FLORIDA, INC. NAME OF CORPORATION: N12000001902 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Steven M. Johnson Name of Contact Person Edward C. DeSaussure Post Number 9, The American Legion, Jacksonville, FL Firm/Company 10737 New Kings Road, suite #101 Address Jacksonville, FL 32219 City/State and Zip Code al-post9@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Steven M. Johnson (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation of

EDWARD C. DESAUSSURE POST NO. 9 THE AMERICAN LEGION JACKSONVILLE, FLORIDA, INC.

(Name of Corporation as current	ly filed with the Flo	rida Dept. of State)		
	N12000	001902		
(Doc	ument Number of Co	orporation (if known)		
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporat		es, this Florida Not For Profit Corp	poration adopts the following	
A. If amending name, enter the new na	me of the corporati	ion:		
			The new	
name must be distinguishable and contain "Company" or "Co." may not be used in	the word "corporal the name.	tion" or "incorporated" or the abb	reviation "Corp." or "Inc."	
B. Enter new principal office address, i	f applicable:	10737 NEW KINGS	ROAD	
(Principal office address <u>MUST BE A ST</u>		SUITE #101		
		JACKSONVILLE, FL	_ 32219;	
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C			JAN 30 PM 12:	1 (Jan 19)
D. If amending the registered agent and new registered agent and/or the new			· · · · · · · · · · · · · · · · · · ·	المرابع الموالع الموال الموالع الموال الم
		. JOHNSON	· · ·	
Name of New Registered Agent:		'A AVENUE		
<u>New Registered Office Address:</u>		(Florida street address)	_	
	JACKSON\	VILLE , Florid	a 32219	
	(City)		(Zip Code)	
I hereby accept the appoint I further agree to comply a performance of my duties, agent. Or, if this document that the co	ntment as registere with the provision and I am familiar at is being filed me rporation/has bee	ed agent and agree to act in this sof all statutes relative to the process with and accept the obligation are to reflect a change in the motified in writing of this characters.	is capacity. proper and complete n of my position as registere registered office address, I inge.	ed
Steen MY	Moon	28 January, 2		
Signature of Regis	stered Agent	 	Date	-

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 <math>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</u> <u>Mike</u>	Doe e Jones / Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	COM	TRUMAN H CLEVELAND	6203 SHADY OAK DIRVE JACKSONVILLE, FL 32277
X Remove 2) Change Add	FIN	CHARLES T SCHNEIDER	4251 MONUMENT ROAD, APT 305 JACKSONVILLE, FL 32225
X Remove 3) Change Add	<u>ADJ</u>	PHILLIP P VONDRAS	JACKSONVILLE, FL 32277
Remove 4) Change X Add	COMMANDER	STEVEN M. JOHNSON	11057 IOWA AVE. JACKSONVILLE, FL 32219
Remove 5) Change X Add ,	FINANCE OFF.	JEFF GARFIELD	16029 PUSKITA TRAIL JACKSONVILLE, FL 32218
Remove 6) Change X Add	ADJUTANT	KENNETH W. FOLDY	91 DEVOE ST. JACKSONVILLE, FL 32220
Remove			

f amending or adding additional Art attach additional sheets, if necessary).	(Be specific)
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	The date of each amendment(s) adoption: JANUARY 28, 2014 date this document was signed.						
	Effective date <u>if applicable</u> :						
	÷		no more than 90 days after amendment file date)				
Ado	ption of Amendme	ent(s) (CHECK ONE)				
	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 membadopted by the boa		tled to vote on the amendment(s). The amendment(s) was/were				
	Dated	JANUARY	′ 28, 2014				
		00	, <i>D</i> /				