N12000002129

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COVER LETTER

Division of Corporations DISABLED AMERICAN VETERANS ST. AUGUSTINE CHAPTER 6, INC. NAME OF CORPORATION: N12000002129 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: A. J. Sartin (Name of Contact Person) DAV Chapter - Saint Augustine, Chapter 6 (Firm/ Company) 403 17th Street (Address) Saint Augustine, FL 32084 (City/ State and Zip Code) Floridadude@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: A. J. Sartin

Enclosed is a check for the following amount made payable to the Florida Department of State:

Certified Copy

enclosed)

(Additional copy is

■ \$35 Filing Fee **□**\$43.75 Filing Fee & **□**\$43.75 Filing Fee &

Certificate of Status

Mailing Address

TO: Amendment Section

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

□\$52.50 Filing Fee

Certified Copy (Additional Copy is

Enclosed)

Certificate of Status

Articles of Amendment Articles of Incorporation



Disabled American Veterans Saint Augustine Chapter 6, Inc.

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

N12000002129

(Document Number of Corpora	ation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on: The ne
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	403 17th Street
	Saint Augustine, FL 32084 US
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	P. O. Box 3991
	Saint Augustine, FL 32085-3991 US
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	
***************************************	11.50
Signature of New Regist	tered Agent, if changing

Page 1 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)

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</u> <u>Mik</u>	n <u>Doe</u> te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Judith A. Davis	P. O. Box 3991
Add			Saint Augustine FL
X Remove			32085-3991 US
2) Change	Р	A. J. Sartin	403 17th Street
X Add			Saint Augustine FL
Remove			32084 US
3) Change			
-			
Add			
Remove			
4) Change		·	
Add			
Remove			
5)Change			
Add		· · · · · · · · · · · · · · · · · · ·	
Remove			
Kemove			
δ) Change			
Add			
Remove			

(ander, additional process, y necessary).	ticles, enter change(s) here: (Be specific)
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The date of each amendment(s) adoption: August 15, 2012						
	ctive date <u>if applicable</u> :	August 15, 2012				
	<u></u>	(no more than 90 days after amendment file date)				
Ado	option 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 members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.					
	Dated Aug	gust 15, 2012				
	(By the	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)				
	A. J. S	artin				
		(Typed or printed name of person signing)				
	Preside	ent				
		(Title of person signing)				