Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations Fax Number : (850)617-6380	47.	,
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	Account Name : EMPIRE CORPORATE KIT COMPANY		٠ ت
	Account Number: 072450003255	新記 6	ũ
	Phone : (305)634-3694 Fax Number : (305)633-9696	34.	
	l address for this business entity to be used for i		
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COR AMND/RESTATE/CORRECT OR O/D RESIGN IBIS FRIENDS OF VETERANS CHARITABLE FOUNDATION INC

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T. ROBERTS

9/26/2012

06/58/5015 13:55 302633666

000-011-0381

September 28, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations
IBIS FRIENDS OF VETERANS CHARITABLE FOUNDATION INC
10130 NORTH LAKE BLVD
SUITE 214-303
WEST PALM BEACH, FL 33412US

SUBJECT: IBIS FRIENDS OF VETERANS CHARITABLE FOUNDATION INC

REF: N12000003624

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

There is no comma behind Foundation and no period behind Inc.

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) 245-8050.

Tina Roberts Regulatory Specialist II FAX Aud. #: E12000235749 Letter Number: 812A00024208

RECEIVED
12 SEP 28 AM 8: 10
INTERNATIONAL MALLANDS

P.O BOX 6327 - Tallahassee, Florida 32314

September 26, 2012

FLORIDA DEPARTMENT OF STATE

IBIS FRIENDS OF VETERANS CHARITABLE FOUNDATION INC 10130 NORTH LAKE BLVD SUITE 214-303 WEST PALM BEACH, FL 33412US

SUBJECT: IBIS FRIENDS OF VETERANS CHARITABLE FOUNDATION INC

REF: N12000003624

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Tina Roberts Regulatory Specialist II FAX Aud. #: H12000235749 Letter Number: 812A00024068

P.O BOX 6327 - Tallahassee, Florida 32314

MISSER PROPERTY.

Articles of Amendment Articles of Incorporation

IBIS Friends of Veterans Charitable Foundation Inc

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

N12000003624

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of	6, Florida Statutes, Incorporation:	this Florida	Val For Proj	tit Corporation adopts
A. If amending name, enter the new name	of the corporation	<u>1;</u>		
IBIS Friends of Veterans Charitable	Organization II	nç i		
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"				porated" or the
B. Enter new principal office address, if ap		10130 North	th Lake Bh	<u>'d</u>
(Principal office address MUST BE A STRE		Suites 214	303	······
		West Paln	Beach, F	L 33412
C. Enter new mailing address, if applicab (Matling address MAY BE A POST OFF		: !		
(mount waress mai 10 1 10 1 10 1 10 1 10 1 10 1 10 1 10	<u> NOL BOSO</u>			
•				
·				
D. If amending the registered agent and/or	r registered office	address in F	o <u>rida, ente</u> i	the name of the
new registered agent and/or the new re-	gistered office ado	irese:		
Name of New Registered Agent:				
			•	
New Registered Office Address:	(Fior	da street nadi	ess)	
				. Florida
		(City)		(Zip Code)
New Registered Agent's Signature, if chan			_	
I hereby accept the appointment as register position.	red agent. I am	familiar with	and accept	the obligations of the
_	Signature of New	Registered As	rent, if chang	ging
	Page 1 of 4	•		

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H AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officers/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.) Title(s) Address Name 1)____ If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed: Title(a) Name Title(s) Name 1)____ 2)____

Page 2 of 4

L. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	
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Page 3 of 4

The date of each amendmen	t(s) adoption: September 14, 20	12		
		tate of adopt	ion-required)	
Effective data Frapile ble:	Sopramoer 14, xorz	· · · · · · · · · · · · · · · · · · ·		
•	(no more than 90 days after an	endment file	davej	
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A.R. of of and and		:		
Adoption of Amendment(s)	(CHECK ONE)	}		
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the	e number of	votes casa for the ame	ndissent(s)
There are no members or neadopted by the board of dis	nembers entitled to vote on the am- resors.	endmust(s).	The amendment(s) w	DS/West C
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Dated	9-17-12			
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•	12 (6		y
Signature	a lastitude L	<u> </u>		r
	y the chairman or vice chairman o			
	re not been selected, by an imporp			ver, trustee, or
oth	er court appointed fiduciary by the	es fiduciary)	1	
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	(Typed or printed as	me of person	signing)	
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Page 4 of 4

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