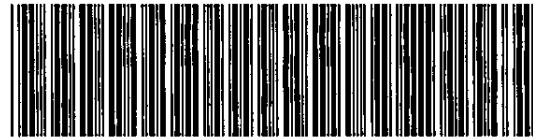


N12000008643



700293884057

01/20/17--01017--020 **52.50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AMVETS' POST200 INC.

DOCUMENT NUMBER: N12000008643

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

Please return all correspondence concerning this matter to the following:

Robert W Alexander
(Name of Contact Person)

Amvets Post 200 Inc
(Firm/ Company)

4369 SE 23rd Court
(Address)

Okechobee FL 34974
(City/ State and Zip Code)

robert@config.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert W Alexander at 863-801-8587
(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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2017

ROBERT ALEXANDER
4369 SE 23RD CT
OKEECHOBEE, FL 34974

SUBJECT: AMVETS POST 200 INC.
Ref. Number: N12000008643

We have received your document for AMVETS POST 200 INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

When amending officers/directors: Please check only "ONE TYPE OF ACTION" for each person. If the person is being added, you mark add; removed, mark removed; title of officer changing, mark change ONLY.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 517A00001577

Articles of Amendment
to
Articles of Incorporation
of

AMVETS POST 200 INC >

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

N1200008643

(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:

N/A _____ 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**)

N/A

C. Enter new mailing address, if applicable: _____
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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 W Alexander
4369 se 23rd Court
(Florida street address)
New Registered Office Address:
Okeechobee, Florida 34974
(City) (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.

Robert W Alexander

Signature of New Registered Agent, if changing

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TALLAHASSEE
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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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Gaylon W Poole</u>	<u>2730 Hwy 441 SE</u> <u>Okeechobee FL 34974</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V S</u>	<u>David J Green</u>	<u>2727 Lot#21 Hwy 441 SE</u> <u>Okeechobee FL 34974</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CFO</u>	<u>Robert W Alexander</u>	<u>4369se 23rd Court</u> <u>Okeechobee FL 34974</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>John Munger Jr</u>	<u>2222 SE 33rd Street</u> <u>Okeechobee FL 34974</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>David Allbritton</u>	<u>6494 SE 56 Street</u> <u>Okeechobee FL 34974</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

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

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(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 members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 14 December 2016

Signature *Robert W Alexander*
(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 W Alexander
(Typed or printed name of person signing)

Finance Officer
(Title of person signing)

AMVET POST 200 4870 US HWY 441 SE OKEECHOBEE, FL 34974 963-801-8587	1652 63-1403/631 25
<u>13 January 2017</u> Date	
Pay to the Order of <u>Florida Dept. of State</u>	\$ <u>52.50</u>
<u>Fifty Two Dollars and Fifty Cent</u>	Dollars  <small>Photo Safe Deposit Details on back</small>
 CenterState BANK	
For <u>Filing Fee for Amendment</u>	<u>Robert W Alexander</u>
⑆063114030⑆ 202288620⑆ 1652	