

N13000005589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

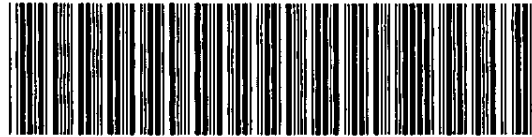
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 AUG - 1 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG - 6 2013
EXAMINER

ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET
COMMERCE, CA 90040
TEL: (800) 462-5487 ext.134 FAX: (800) 388-0330
EMAIL: ychong@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

REGULAR FILING SERVICE

DATE: 7/30/13

FROM: Yoochul Chong

Client Matter: #9037301

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CLIFTON BUILDING
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: **Amvets Post 2405 Corporation Inc**

Enclosed is one of the following: **(X) Articles of Amendment**

Return request with filing: **(1) Plain Endorsed Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: (4)

****Fax/Email a copy of the filed documents upon acceptance of filing****

****PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:
ATTORNEYS CORPORATION SERVICE, INC.
5668 EAST 61ST STREET, COMMERCE, CA 90040****

****PLEASE CONFIRM UPON RECEIVED DOCUMENTS****

NOTE(S):

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AMVETS POST 24505 CORPORATION

DOCUMENT NUMBER: N13000005589

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

Please return all correspondence concerning this matter to the following:

Yoochul Chong
(Name of Contact Person)

ROCKET LAWYER

(Firm/ Company)

5668 E. 61ST STREET

(Address)

COMMERCE, CA 90040

(City/ State and Zip Code)

vfwpost2405@yahoo.com

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

For further information concerning this matter, please call:

Yoochul Chong
(Name of Contact Person)

at (800) 462-5487

(Area Code & Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" 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 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

Articles of Amendment
to
Articles of Incorporation
of

AMVETS POST 24505 CORPORATION

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

N13000005589

(Document Number of Corporation (if known))

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TALLAHASSEE, FLORIDA

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:

AMVETS POST 2405 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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> 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 type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: 7/23/2013

Effective date if applicable: _____

(no more than 90 days after amendment file date)

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13 AUG -1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 7/23/2013

Signature James I. Slaughter Sr.

(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)

James Slaughter

(Typed or printed name of person signing)

Director

(Title of person signing)