# N13000008182

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EXAMINER

### COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations					
NAME OF CORPORATION: SPACE COA	ST ALL AIRBO	RNE CHAPTER, INC.			
DOCUMENT NUMBER: N13000008	3182				
<del>-</del>					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter	r to the following:				
Javier Molinares					
	(Name of Contact Person	)			
SPACE COAST PARATRO	OPERS AS	SOCIATION, INC.			
	(Firm/ Company)				
4670 Babcock Street #	<sup>‡</sup> 5				
(Address)					
Palm Bay, FL 32905					
1	(City/ State and Zip Code	)			
javier@aldiatoday.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please of	call:				
Javier Molinares	<sub>at</sub> 321	960-5086			
(Name of Contact Person)		de & Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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	Amend Divisio Clifton 2661 Ex	Address ment Section n of Corporations Building xccutive Center Circle ssee, FL 32301			

APPROVED AND FILED

### Articles of Amendment to Articles of Incorporation

14 APR 22 PM 12: 51

## -SECRETARY OF LIMIT TALLAHASSEE, FLORIDA

# SPACE COAST ALL AIRBORNE CHAPTER, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) N13000008182 (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: SPACE COAST PARATROOPERS ASSOCIATION, INC. 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. 4670 Babcock Street #5 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Palm Bay, FL 32905 C. Enter new mailing address, if applicable: 4670 Babcock Street #5 (Mailing address MAY BE A POST OFFICE BOX) Palm Bay, FL 32905 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: Javier Molinares Name of New Registered Agent: 4670 Babcock Street #5 (Florida street address) New Registered Office Address: Palm Bay (Zip Code) New Registered Agent's Signature, if changing Registered Agent: the obligations of the position. I hereby accept the appointment as registered agent. nt, 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:  X Change X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> <u>e Jones</u> y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Τ	Carl L. White	417 Celtic Avenue
Add			Sebastian, FL
X Remove			32958
2) Change	<u>T</u>	Jerry Lawson	4540 Decatur Circle
X			Melbourne, FL
Remove			32934
3) Change		<del></del>	
Add			
Remove			
4) Change		<del></del>	
Add			
Remove			
5) Change			
Add			
Remove			<del> </del>
6) Change			
6) Change			<del>_</del>
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
The Space Coast paratroopers association is a group of former paratroopers who primar
function is assist financially and emotionally our fellow paratroopers as well as other
veterans in their time of need. We are dedicated in ensuring that our brothers and sister
are assisted through their tough financial periods in their lives as well in assisting the
dependents as well, with a special emphasis placed on Gold Star Dependents! Ou
number one priority is the paratrooper but our fellow veterans are second to non
We want to change the current purpose of the organization for the one above
(Change Article III) The etatement chave chavild be the new remove

number one phonty is the paratrooper but our reliow veterans are second to none:
We want to change the current purpose of the organization for the one above.
(Change Article III) The statement above should be the new purpose.
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The date of each amendment(s) adoption: \_\_\_\_03/15/2014 , if other than the date this document was signed. 14 APR 22 PM 12: 51 Effective date if applicable: (no more than 90 days after amendment file date) 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. Signature (By the charman or thee charman 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) **Javier Molinares** (Typed or printed name of person signing) President (Title of person signing)