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And

AUG 21 2014

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IRON ORDE	ER MC DAYTONA INC.			
DOCUMENT NUMBER: N 140000 24	65			
The enclosed Articles of Amendment and fee are submitted t	or filing.			
Please return all correspondence concerning this matter to the	e following:			
John Harrison	of Contact Person)			
IRON ORDER MC	IT NC ·			
31 OLDSUNBEAM DI				
South Daytona Bch. Fl. 32119 (City/ State and Zip Code)				
Bowser_Iomco Hotmail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
John Harrison (Name of Contact Person)	at (<u>859</u>) <u>983</u> 8053 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount made payable t	o the Florida Department of State:			
	75 Filing Fee & Status ified Copy Certificate of Status Certified Copy (osed) (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

771.75 **14** App 15 (VIII) 21

(Name of Corporation as currently filed with the Florida Dept. of State) RON ORDE R (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: 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: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I am familiar with and accept the obligations of the position. I hereby accept the appointment as registered agent/ Signature of New Registered 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	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address '
1) Change	<u>P</u>	ADAM King	126 BRATU CASE RE SOUTH DANTEJA
Remove			Derch FL 32119
2) Change	√₽	John HARRED	BI DER SUDDEM D DER PLONA BACK
Remove			FL. 3219
3) Change			
Remove			
4) Change Add			
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)
	* * /
,	
	
	
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The	e date of each amendment(s) adoption:	, if other than the
	late this document was signed.	
Eff	(no more than 90 days after amendment file date)	_
A -4.	ention of Amendment(c) (CHECK ONE)	
Au	option 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.	
À	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 8-31-12/	
	Signature Signature	
	(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)	
	JOLD HARRISON	
	(Typed or printed name of person signing)	
·	V.P	
	(Title of person signing)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
1. The name of the corporation:
1. The name of the corporation: 2. The principal office address: 126 BRYAN CANC ROAD, SWITH DAYTONA, FL 32119
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
ADAM KLINE
126 BRYAN CAVE ROAD
SOUTH DAYTONA, FL 32119
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
South Doylowa FL 32119
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
form KLINE
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being fitted merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
7-31-14
Signature of Regardered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

(Rev. August 2013)

Department of the Treasury Internal Revenue Service

Change of Address or Responsible Party — Business Please type or print.

► See instructions on back. ► Do not attach this form to your return. ▶ Information about Form 8822-B is available at www.irs.gov/form8822.

OMB No. 1545-1163

Before you begin: If you are also changing your home address	ess, use Fo	rm 8822 to report that cha	nge.	
If you are a tax-exempt organization (see instructions), check	k here 🗹		*	
Check all boxes this change affects: 1	eturns (Forn	ns 720, 940, 941, 990, 104	1, 1065	, 1120, etc.)
2 Employee plan returns (Forms 5500, 5500-EZ, etc.)	ł			
3 🔀 Business location				
48 Business name			4b	Employer identification number
IRON Order MC Da	utone	a .		
5 ,Old mailing address (no., street, room or suite no., city or town, star	te, and ZIP co	de) If a P.O. box, see instructions	If foreign	address, also complete spaces
	D	ر از این		
126 BRYAN CAVE KOAD So.	Foreign prov	AYTONA FL, 32 incercaunty	-117	Foreign postal code
6 New mailing address (no., street, room or suite no., city or town, str below, see instructions	ate, and ZIP co	ode) If a P.O. box, see instruction	s. If foreig	n address, also complete spaces
31 Old Sunbeam Dr.	Said	h Bulonia El	20	119
Foreign country name	Foreign prov	ince/county	<u> </u>	Foreign postal code
	<u> </u>			
7 Now business location, if different from mailing address (no., strespaces below, see instructions.	eet, room or si	ide no., city or town, state, and Zl	P code) If	a foreign address elso complete
Foreign country name	Foreign prov	ince/county		Foreign postal code
8a Old name of responsible party		8b Now name of responsi		m M
9a Old SSN, ITIN, or EIN of responsible party		96 New SSN, ITIN, or EIN		ISON
591-64-2154		46-495	771	62
10 Signature				
Daytime telephone number of person to contact (optional)				
	/			1 7/3/14
Sign Signification of representative				Date
Here Sandale of Owner, Officer, of Pepigentalive				54.0
Title				
Where To File				
Send this form to the Department of the Treasury, Internal R	Revenue Se	rvice Center, and the addre	ess sho	wn next that applies to you.
		• • • • • • • • • • • • • • • • • • • •		•
IF your old business address was in				THEN use this address
Connecticut, Delaware, District of Columbia, Florida, Georgia Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North C Ohio, Pennsylvania, Rhode Island, South Carolina, Tennesse Vermont, Virginia, West Virginia, Wisconsin	arolina,			Cincinnati, OH 45999-0023
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Hidaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missimontana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tutah, Washington	souri,			Ogden, UT 84201-0023