09/28/2015 12:20

Division of Corporations



Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H15000228770 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ALRON ENTERPRISES, INC.

Account Number: I2000000113 Phone : (321)951-7626

Fax Number

: (321)723-8218

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:



COR AMND/RESTATE/CORRECT OR O/D RESIGN OPERATION VETERAN OUTDOORS INC

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Corporate Filing Menu

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TO: Amendment Section Division of Corporations			
Operation Vete	eran Outdoors,	, Inc.	
DOCUMENT NUMBER: N14000005978			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		·
Please return all correspondence concerning this matter	ter to the following	::	
Nancy Hendry			
	(Name of Contact	t Person)	
Alron Enterprises Inc			
	(Firm/ Comp	any)	
3990 Minton Rd			
	(Address))	
Melbourne, FL 32904			·
	(City/ State and Z	ip Code)	
alronbookkeeping@aol.com			
E-mail address: (to be used	l tor luture annual	report notil	ication)
For further information concerning this matter, please	call:		
Nancy Hendry	321		951-7626
(Name of Contact Person)	(A	Area Code	& Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florid	a Departme	ent of State:
\$35 Filing Fee	□\$43.75 Filing For Certified Copy (Additional copy enclosed)	y is	\$52.50 Filing Fce Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amendment Section Division of Corporations P.O. Box 6327 Amendment Section Division of Corporations Clifton Building		



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2015

OPERATION VETERAN OUTDOORS INC ***FAX FILE***ALRON ENTERPRISES, INC.**
MELBOURNE, FL 32936-0223

SUBJECT: OPERATION VETERAN OUTDOORS INC

Ref. Number: N14000005978

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

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 245-6094.

Agnes Lunt Regulatory Specialist III

FAX Aud. #: H15000228770 Letter Number: 615A00020151

Articles of Amendment to Articles of Incorporation of		
Operation Veteran Outdoors, Inc.		
(Name of Corporation as currently filed with the Florida Dept. of State)	_	
N14000005978		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts t amendment(s) to its Articles of incorporation:	ne following	
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. "Company" or "Co." may not be used in the name.	" or "Inc."	
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)	 	. 7.0
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:	15 SEP 28 P	SECRETARY C ALLATIVSSET
	ΞĔ	್ಷಕ್ಷರಾ
(Florida street address) New Registered Office Address:	2: 	STATE
(City) Florida (Zip Cdc) [
(City) (Zip Coc 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		
Page 1 of 4		

Remove

address of each Offic (Attach additional she Please note the officer P = President; V= Vic	er and/or l ets, if neces /director ti ce President O = Chief I	tle by the first letter of the offic t; T= Treasurer; S= Secretary. Financial Officer. If an officer	e title: ; D= Director; TR= Tr	rustee: C = Chairman c	r Clerk; CEO	= Chief
a change, Mike Jones	leaves the c	ollowing manner. Currently Id corporation, Sally Smith is nan lly Smith, SV as an Add.	nhn Doe is listed as the ned the V and S. These .	PST and Mike Jones is should be noted as Joh	listed as the V n Doe, PT as a	/.There is Change,
Example: X_Change X_Remove X_Add	<u>PT</u> <u>Y</u> <u>SV</u>	John Doe Mike Jones Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s		
1) Change	D	Robinson, Mik	(e]	_
Add						_
X Remove						_
2) Change				W 1817 18 11 11 11 11 11 11 11 11 11 11 11 11	<u> </u>	- ,
Add					15	SEC FALI
Remove					-5	- <u> </u>
3) Change					28	1288 1788 11.
Add				 	PH 2:	-걸등
Remove					=	JATE ORID
4) Change						- -
Add				.	<u> </u>	_
Remove					<u> </u>	
5) Change		· · · · · · · · · · · · · · · · · · ·				- .
Add					<u> </u>	<u>-</u>
Remove						_
6) Change						
Add						_

15 SEP 28 PM 2: 14

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
Article XI: Dissolution: Upon the dissolution of the organization, assets shall be	
distributed for one or more exempt purpose within the meaning of section 501(c)(3)	
of the Internal Revenue Code, or corresponding section of any future federal tax code	
or shall be distributed to the federal government, or to a state or local government,	
for public purpose. Any such assets not disposed of shall be disposed of by the	
Court Of Competent Jurisdiction of the county in which the principal office of the	
organization is then located, exclusively for such purposes or to such organization or	
organizations, as said Court shall determine, which are organized and operated	
exclusively for such purposes.	_
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ir orn 98	SECRETARY OF STATE
DE 9:	30 1.7 3.10 41.5 3.10
= ;	

	e date of each amendment(s) adoption:e this document was signed.	, if other than the
Eff	ective date <u>if applicable</u> : (no more than 90 days after amendment file date)	_
Ad	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.	
	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 597 10 2015	
	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)	
	Israel Matos	· .
	(Typed or printed name of person signing)	SEC TALL
	(Title of person signing)	