N15000004611

(R	equestor's Name)	 -
(A	ddress)	
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(C	ity/State/Zip/Phone #))
PICK-UP	☐ WAIT	MAIL
(8	usiness Entity Name)	
(0)	ocument Number)	
Certified Copies	Certificates of	Status
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12/28/20--01031--025 **35.00

2020 DEC 28 PH 3: 05 SECRETARY OF STATE

On 2/9/21

COVER LETTER

NAME OF CORPORATION: Fraternal Order of Eagle Space Dox + Queiliant DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Scinds-hzm (Name of Contact Person) 581 (10 Mail - co) (1) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$43.75 Filing Fee & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

FILED

	of	# Water and
Fraternal Order of	G	2010 DEG 28 PH 3: 05
Name of Corporation as currently filed with the F		- OV OF STITE
N11500000 4611		SECRETARY WEST FI
(Documen	nt Number of Corporation (if kn	own)
resuant to the provisions of section 617.1006, Floridan nendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For	Profit Corporation adopts the following
. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "o Company" or "Co." may not be used in the name.	corporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
8. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADI		
Thicipal office dualess most be A STREET ADE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
). If amending the registered agent and/or registe		enter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent.		
_		
New Registered Office Address:	(Flo	rida street address)
		, Florida
-	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:	
hereby accept the appointment as registered agent.	I am familiar with and accept t	he obligations of the position.
	(1)	1.4
	Signature of New Register	red Agent, if changing

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		Doe Lones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	President	Sharon Smith	3510 South St Titusville F1 33780
Remove 2) Change Add	<u>VP</u>	Nancy Scott	3510 South St. Titus VINE, Pt. 32780
Remove 3) X Change Add Remove	Secretary	Debra Sandstrom	3510 South St Titusuille, FL 32780
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or actional s	iding additional Ar theets, if necessary).	rticles, enter change(s) here: (Be specific)	

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(T) 1	N - 4 4				, if other than the
The date of each amendment(s date this document was signed.					
	121. 120	\sim			
Effective date if applicable:	(no more the	ر کے an 90 days after ar	nendment file dat	e)	 – -
Note: If the date inserted in this document's effective date on the	block does not meet t	he applicable statu			not be listed as the
Adoption of Amendment(s)	(<u>CHECK</u>	ONE)			
The amendment(s) was/well was/were sufficient for app	re adopted by the menroval.	bers and the numb	er of votes cast fo	or the amendment(s)	

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 12 22 2020	
Signature	
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	B Smith
President (Title of person signing)	