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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATIO	SWFL Veterans Allia	nce Inc			
	V15000008934				
DOCUMENT NUMBER: _				<u>.</u>	
The enclosed Articles of Ame	ndment and fee are subm	itted for filing.			
Please return all corresponder	ace concerning this matter	to the following:			
Lois A. Bolin					
	(Name of Contact Per	rson)		
SWFL Veterans Alliance Inc					
· · · · · · · · · · · · · · · · · · ·		(Firm/ Company)	i		
4888 Davis Blvd. Ste 103					
,		(Address)			
Naples, FL 34112					
	(City/ State and Zip C	(ode)		
swflveteransalliance@gmail.	org		•		
E-	mail address: (to be used	for future annual repo	ort notification)	
For further information conce	rning this matter, please c	all:			
Lois A Bolin		at _	239	777-2281	
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the fo	llowing amount made pay	able to the Florida D	epartment of S	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	343.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	o Filing Fee cate of Status ed Copy cional Copy is sed)	
Mailing Ac	ldress	Stre	et Address		

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



February 26, 2016

LOIS A BOLIN 4888 DAVIS BLVD UNIT 103 NAPLES, FL 34112

SUBJECT: SWFL VETERANS ALLIANCE, INC.

Ref. Number: N15000008934

We have received your document for SWFL VETERANS ALLIANCE, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 816A00004061

Articles of Amendment to Articles of Incorporation of

SWFL Veterans Alliance Inc.		
(Name of Corporation as curre	ntly filed with the Florida Dept. of	State)
N15000008934		
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corpo	pration adopts the following
A. If amending name, enter the new name of the corpora	tion:	
	L/A	The new
name must be distinguishable and contain the word "corpord" (Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbr	eviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	MA	
(Principal office address MUST BE A STREET ADDRESS	·····	
C. Enter new mailing address, if applicable:	M.A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		me of the
	N A	
Name of New Registered Agent:	/C /1	
	(Florida street addr	aga l
New Registered Office Address:	(riorida sireei adar	ess)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	A Agent	7e 2
I hereby accept the appointment as registered agent. I am fo		ns of the position.
		<u> </u>
	Signature of New Registered Agent, ij	changing 0
		الأنسان الأساد
	Page 1 of 4	# 16 16

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>PT</u> <u>V</u> <u>SV</u>	John Doo Mike Jor Sally Sm	nes '		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change		-			
Add					
Remove					
2) Change		-	····		
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		-		- .	
Add					
Remove					·

(attach additional sheets, if necessary). (Be specific)
Upon termination of the SWFL Veterans Alliance Inc., any assets lawfully available for distribution shall be distributed
to one of more qualifying organizations described in Section 501 (c) (3) of the 1986 Internal Revenue Code (or described in
any corresponding provisions of any successor statute) which an organization or organizations have a charitable purpose whi
generally includes a purpose similar to the terminating or dissolving organization.
Purpose: SWFL Veterans Alliance Inc. provides high quality collaborative events and educations programs for patriotic peo
who care about our military, veterans, and the teaching of American history.

E. If amending or adding additional Articles, enter change(s) here:

Гhа	data of each amov	April 5, 2015	, if other than the		
	this document was	* * * * * * * * * * * * * * * * * * * *	, n other man me		
Effe	ective date <u>if appli</u> e				
		(no more than 90 days after amendment file date)			
		ed in this block does not meet the applicable statutory filing requirements, thate on the Department of State's records.	is date will not be listed as the		
Ado	option of Amendm	ent(s) (<u>CHECK ONE</u>)			
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the ament for approval.	endment(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	April 5, 2015			
	Signature				
		(By the chairman or vice chairman of the board, president or other officer-if have not been selected, by an incorporator – if in the hands of a receiver, troother court appointed fiduciary by that fiduciary)			
		Lois A. Bolin			
		(Typed or printed name of person signing)			
		President			
		(Title of person signing)			