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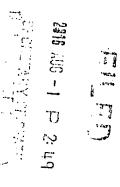
(Re	questor's Name)		
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COVER LETTER

TO: Amendment Section' Division of Corporations

٠,

NAME OF CORPORATION:	IL FIELD POW/MIA ME	MORIAL, INC.		
N1600000	05922			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment	and fee are submitted for f	iling.		
Please return all correspondence conce	erning this matter to the fol	lowing:		
MICHAEL A. CASSATA				
	(Name of	Contact Person)		
CECIL FIELD POW/MIA MEMORI	AL, INC.			
	(Firm	/ Company)		
P.O. BOX 440625				
	(/	Address)		
JACKSONVILLE, FL 32222				
	(City/ Stat	e and Zip Code)		
CECILFIELDPOWMIA@GMAIL.C	ОМ			
E-mail add	ress: (to be used for future	annual report notifica	tion)	
For further information concerning this	s matter, please call:			
MICHAEL A. CASSATA		904 at	813-8162	
(Name of	Contact Person)	(Area Cod	e) (Daytime Telephone Numb	per)
Enclosed is a check for the following a	mount made payable to th	e Florida Department	of State:	
	5 Filing Fee & \$\Bigsquare\$\$ \$43.75 \\ \text{icate of Status}\$ Certifier (Addition enclose)	d Copy Ce onal copy is Ce d) (A	2.50 Filing Fee rtificate of Status rtified Copy Iditional Copy is closed)	

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 Incorp	oration
N/A Cecil Field	POW IM	IA Memorial, Inc.
011	n as currently filed wi	th the Florida Dept. of State)
N/A 116000002	26722	
(Document)	nent Number of Corpo	ration (if known)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Flor</i>	ida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
N/A		TI.
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		The new acorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if application	N/A	
(Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX) N/A	
		, , , , , , , , , , , , , , , , , , ,
 If amending the registered agent and/or registered agent and/or the new register 		in Florida, enter the name of the
	N/A	
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
new register et expres riudi est.		
	(City)	, Florida (Zip Code)
	(City)	(Σίρ Code)
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as registered ager	it. I am familiar with	and accept the obligations of the position.
-	Signature of	New Registered Agent, if changing 😭
	Signam v ty	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 <math>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 Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Т	GEORGE M. REED	2980 CORAL CT.
X Add	- 		JACKSONVILLE, FL 32205
Remove			
2) Change			
Add			
Remove			
3) Change			<u> </u>
Add			
Remove	•		
4) Change		······································	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
N/A			
· · · · · · · · · · · · · · · · · · ·			
	,		
	-,- , , , , , , , , , , , , , , , , , ,		

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		N/A	
The d	ate of each ame	ndment(s) adoption:	_, if other than the
late tl	iis document was	s signed.	
	•	JULY 30, 2016	
Effect	ive date <u>if appli</u>		
		(no more than 90 days after amendment file date)	
		ted in this block does not meet the applicable statutory filing requirements, this date will not bate on the Department of State's records.	e listed as the
Adop	tion of Amendm	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s vas/were sufficien) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
	There are no memodopted by the bo	abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.	·
	Dated	JULY 30, 2016	
	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 tiduciary)	
		MICHAEL A. CASSATA	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	