

N16930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

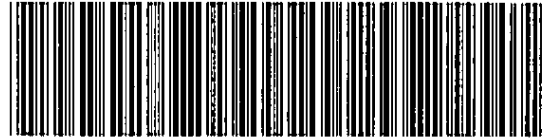
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 2021
S. PRATHEP



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2021

ROBERT SCHUMACHER
AMERICAN LEGION POST 62
2000 SE FISCHER ST
STUART, FL 34997

SUBJECT: THE AMERICAN LEGION HAROLD JOHNS POST 62,
DEPARTMENT OF FLORIDA, INC.
Ref. Number: N16930

We have received your document for THE AMERICAN LEGION HAROLD JOHNS POST 62, DEPARTMENT OF FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NONPROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacy Prather
Regulatory Specialist III

Letter Number: 921A00023940

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REGISTRATION
DIVISION

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The American Legion Harold Johns Post 62, Dept of Florida
11C

DOCUMENT NUMBER: 116930

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Schumacher
(Name of Contact Person)

American Legion Harold Johns Post 62
(Firm/ Company)

7000 SE Fischer St
(Address)

STUART, FL 34997
(City/ State and Zip Code)

The American Legion @ Harold Johns Post 62 . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Schumacher at 772 781 1851
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

The American Legion Harold Johns POST 62, Dept. of Florida, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N/16930

(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:

N/A

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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

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.

N/A

Signature of New Registered Agent, if changing

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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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
--------------------------------------	--------------	-------------	----------------

- | | | | |
|---|------------------|--------------------------|---|
| 1) <u>X</u> Change
____ Add
____ Remove | <u>CMOR</u> | <u>Robert Schmechler</u> | <u>2000 SE Fischer St,</u>
<u>STUART, FL</u>
<u>34997</u> |
| 2) <u>X</u> Change
____ Add
____ Remove | <u>VICE CMOR</u> | <u>MARK CROSBY</u> | <u>2000 SE Fischer St</u>
<u>STUART, FL</u>
<u>34997</u> |
| 3) ____ Change
____ Add
____ Remove | ____ | <u>N/A</u> | _____

_____ |
| 4) <u>X</u> Change
____ Add
____ Remove | <u>FO</u> | <u>BRIAN ALLEN</u> | <u>2000 SE Fischer St</u>
<u>STUART, FL</u>
<u>34997</u> |
| 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

Blank lined area for text entry.

The date of each amendment(s) adoption: N/A, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE) N/A

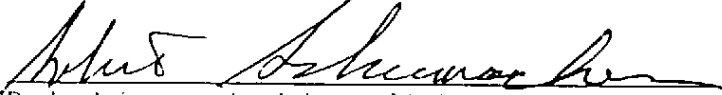
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☒ 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

10-7-2021

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)

Robert Schumacher

(Typed or printed name of person signing)

COMMANDER

(Title of person signing)

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TALLAHASSEE, FLORIDA