

N230000009829

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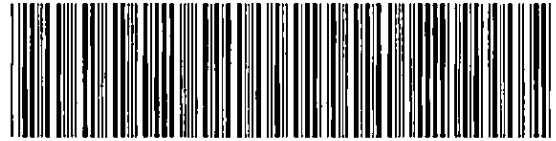
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2024 AUG 14 AM 9:30

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SPECIAL FORCES ASSOCIATION CHAPTER 0 INC

DOCUMENT NUMBER: N23000009829

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

Please return all correspondence concerning this matter to the following:

SEAN KING

(Name of Contact Person)

SPECIAL FORCES ASSOCIATION CHAPTER 0

(Firm/ Company)

P.O. BOX 2172

(Address)

KEY WEST, FL 33045

(City/ State and Zip Code)

PRESIDENT@SOUTHERNMOSTSFA.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEAN KING

910

495-6940

at

(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:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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

SPECIAL FORCES ASSOCIATION CHAPTER 0 INC

FILED
2024 AUG 14 AM 10:02

(Name of Corporation as currently filed with the Florida Dept. of State)

N23000009829

(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:

NOT APPLICABLE

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "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**)

NOT APPLICABLE

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

NOT APPLICABLE

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:

ZACHARY A. TREVINO

1132A GILMORE DR

(Florida street address)

New Registered Office Address:

KEY WEST

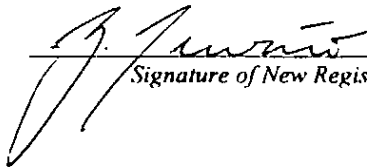
(City)

Florida 33040

(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.



Signature of New Registered Agent, if changing

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> Change ___ Add ___ Remove	<u>V</u>	<u>JONATHAN R. BOLDING</u>	<u>2023 HALSEY DR</u> <u>KEY WEST, FL 33040</u>
2) ___ Change <input checked="" type="checkbox"/> Add ___ Remove	<u>T</u>	<u>ZACHARY A. TREVINO</u>	<u>1132A GILMORE DR</u> <u>KEY WEST, FL 33040</u>
3) ___ Change <input checked="" type="checkbox"/> Add ___ Remove	<u>S</u>	<u>ALEXANDER J. POMBAR</u>	<u>KEY WEST, FL 33040</u>
4) ___ Change ___ Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>BENJAMIN J. ROSA</u>	<u>813 SIGSBEE RD</u> <u>PMB 70</u> <u>KEY WEST, FL 33040</u>
5) ___ Change ___ Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>JAMES M. DOUGHERTY</u>	<u>2044 HALSEY DR.</u> <u>KEY WEST, FL 33040</u>
6) ___ Change ___ Add ___ Remove	_____	_____	_____

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

(attach additional sheets, if necessary). (Be specific)

NOT APPLICABLE

[illegible]

- ☒ 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 5 AUGUST 2024

Signature Sean C King
(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)

SEAN C. KING
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)