125662

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	<u> </u>
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: National Se	niors Benevo	lent Association, Inc.		
DOCUMENT NUMBER: N25662				
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matter	_			
Franklin Jack Burr II, VP	to the following.			
	Name of Contact Perso	n)		
National Seniors Benevo		•		
	(Firm/ Company)	<u> </u>		
P.O. Box 4296				
	(Address)	· ·		
Highland Park, NJ 08904	4			
	City/ State and Zip Cod	e)		
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please of	all:			
Franklin Jack Burr II	,732	640-0885		
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made pay	able to the Florida Depa	artment of State:		
■ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	S43.75 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	Ameno Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Article	es of Incorporation of	13.7
National Seniors Benevolent Associ	ation, Inc.	10 July 15
(Name of Corporation as currently filed with the Fl	orida Dept. of State)	5
N25662		7
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut	tes this Florida Not For Profit Corporation :	adonts the following
amendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of the corpora	ion:	25 T
V N/4		
name must be distinguishable and contain the word "corpore	ation" or "incorporated" or the abbreviation	The new "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	,	
B. Enter new principal office address, if applicable:		<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>		.)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	National Seniors Benevolent Association, Inc., Attn: F.	J. Burr II, VP
	P.O. Box 4296	
	Highland Park, NJ 08904	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		<u>e</u>
Name of New Registered Agent:		
	\sim $\langle 1 \rangle \langle 1 \rangle $	٨
New Registered Office Address:	Alorida street address)	1
	, Florida	
(City,		(Zip Code)
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fo	amiliar with and accept the obligations of the	position.
Signature of New	Registered Agent, if Junging	

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)

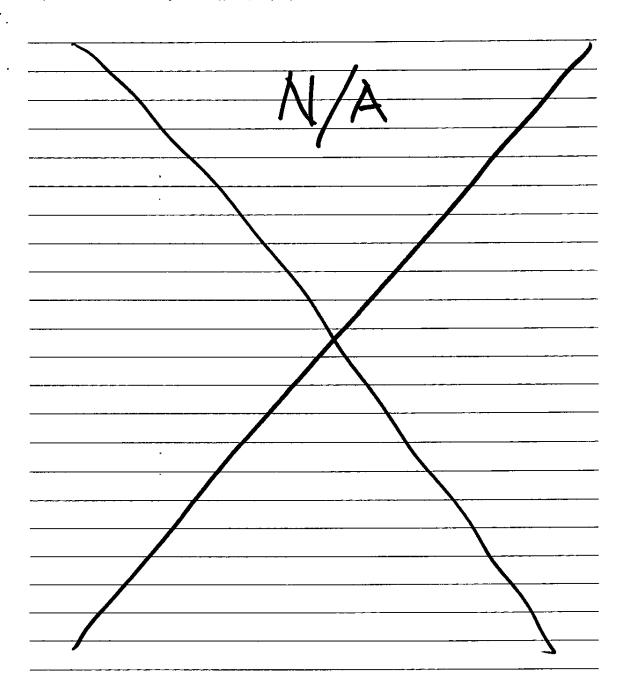
Please note the officer/director title by the first letter of the office title:

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 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>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change	STD	Janet Masching	_
Add	٠		174 Arbor Dr. West
X Remove			Palm Harbor, FL 34683
2) Change	,——		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	 		
Add			
Remove			
<i>S)</i> 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)



Page 3 of 4

The date of each amendment date this document was signed.	(s) adoption: NOVERIDER 6, 2013	, if other than the
Effective date if applicable:	November 8, 2013	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) oproval.	
adopted by the board of d		
Dated Nov	vember 8, 2013	
Signature	vember 8, 2013 Franklin Jack BurrII	
(By the have n	court appointed fiduciary by that fiduciary)	
Franklii	n Jack Burr II	
	(Typed or printed name of person signing)	
Vice Pr	resident	
	(Title of person signing)	