## N01000000984

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SECRETARY OF STATE SECRETARY OF CORPORATIONS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ORMOND E	BEACH SENIOR CENTER S	HOW CLUB, INC.
DOCUMENT NUMBER: N01000000984		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
JANET A. OVER		
(Name	of Contact Person)	
SHOW CLUB FOLLIES		
<b>(F</b> )	irm/ Company)	
399 NORTH US 1	(Address)	<del></del>
	(Addiess)	
ORMOND BEACH, FL 324	32/74 State and Zip Code)	
For further information concerning this matter	•	
JANET A. OVER	at ( <u>386</u> ) <u>248-027</u>	
(Name of Contact Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a check for the following amount r	made payable to the Florida De	partment of State:
\$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status	Substituting 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 Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

## `Articles of Amendment to Articles of Incorporation of

FILED:
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR -1, PM 12: 23

VI		· <del></del>
ORMOND BEACH SENIOR CE	NER SHOW CLUE	B, INC.
(Name of Corporation as currently filed wit		
N01000000		•
(Document Number of Corpor	ation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute the following amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For F</i>	Profit Corporation adopts
A. If amending name, enter the new name of the corporat	ion:	
ORMOND BEACH PERFORMING ARTS C	ENTER SHOW CL	UB, INC.
The new name must be distinguishable and contain the wor abbreviation "Corp." or "Inc." <u>"Company" or "Co." may n</u>		orporated" or the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	***************************************	arkan kanan ana ana dia 19 km ni 20 km dia
	<u></u>	and the second s
	<del> </del>	
C. Enter new mailing address, if applicable:	CIO STEEAN SIDI	EV
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	C/O STEFAN SIBL	<u></u>
	399 NORTH US 1	
	ORMOND BEACH	, FL 32174
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		ter the name of the
Name of New Registered Agent:		
New Registered Office Address: (Flo	orida street address)	<del></del>
		, Florida
<del></del>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I as position.		pt the obligations of the
Signature of No.	w Registered Agent, if ch	anoino

## 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>D</u>	DURKEE, VIRGINIA	14 CEDAR FALL DRIVE ORMOND BEACH, FL	
**************************************	<del></del>	<del> </del>	CO 10
			FT -
(attach	nding or adding additional Articles, en additional sheets, if necessary). (Be sp E I - NAME ne of this non-profit organization show Club, Inc."	nall be "The Ormond Beach Po	erforming Arts
	<u> </u>		
			· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: September 5, 2006				
Effective date if applicable:	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.			
There are no members or adopted by the board of di	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.			
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)			
	JANET A. OVER  (Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			

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