N14000003453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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14 SEP 17 AM 11:27

C. LEWIS

SEP 24 2014

EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 2, 2014

LEAH SEACREST
2855 BLACKSHEAR AVENUE
PENSACOLA, FL 32503 US

SUBJECT: KREWE OF MYSTIC MAIDS, INC.
Ref. Number: N14000003453

We have received your document for KREWE OF MYSTIC MAIDS, INC. and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the date that the original document was filed.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 214A00018722

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Mystic Maids

DOCUMENT NUMBER: N14000003453

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

Please return all correspondence concerning this matter to the following:

Nicole Ferry

(Name of Contact Person)

(Firm/ Company)

415 North Spring Street

(Address)

Pensacola, FL 32501

(City/ State and Zip Code)

nkferry@bellsouth.net

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

For further information concerning this matter, please call:

Nicole Ferry at (850) 469-8118

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
14 SEP 22 PM 2:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

May 14, 2014

Leah Seacrest
2855 Blackshear Ave.
Pensacola, FL 32503

Re: Correction of corporate filing

Dear Leah:

I've enclosed the articles of correction for your review and signature as well as a check to cover the cost of my blunder. Please accept my apologies. I was co-chair with Leah Harrison this year for the Hip Hugger Ball. That's my only defense. If you could sign where indicated and mail the check with the forms in the enclosed envelope, I would be most grateful. Next year, all that will be required is to file the annual report with the Department of Corporation adding the new board and payment of the annual fee ($61.75) between January 1 and April 30. Should you need me to handle that, I am happy to do so. Thank you.

Sincerely,

Nicole K. Ferry

NKF/
encs.

Articles of Amendment
to
Articles of Incorporation
of

SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 SEP 17 AM 11:27

Krewe of Mystic Maids, Inc.

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

N14000003453

(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:

_____ *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)

_____

_____

_____

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

_____

_____

_____

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: Leah Seacrest

2855 Blackshear Ave.
(Florida street address)

New Registered Office Address:

Pensacola, _____, Florida 32503
(City) *(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.

Leah Seacrest
_____
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:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) X Change	P	Leah Seacrest	2855 Blackshear Ave.
____ Add			Pensacola, FL
____ Remove			32503
2) ____ Change			
____ Add			
____ Remove			
3) ____ Change			
____ Add			
____ Remove			
4) ____ Change			
____ Add			
____ Remove			
5) ____ Change			
____ Add			
____ Remove			
6) ____ Change			
____ Add			
____ Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u>:
(attach additional sheets, if necessary). (Be specific)

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

Effective date if applicable: 14 SEP 17 AM 11:27
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ 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 9-18-17

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)

Leah Seacrest

(Typed or printed name of person signing)

President

(Title of person signing)