

N17000 004 824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

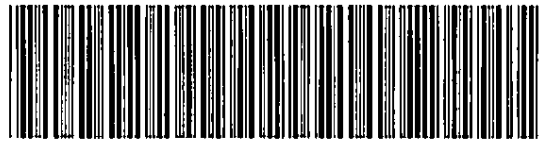
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JAN 15 PM 1:44
TALLAHASSEE, FLORIDA

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FEB 10 2021
T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Volusia Community Symphony

DOCUMENT NUMBER: N17000004824

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

Please return all correspondence concerning this matter to the following:

Traci A. Flumer
(Name of Contact Person)

Volusia Community Symphony
(Firm/ Company)

2420 S. Parkview Ave
(Address)

Orange City FL 32763
(City/ State and Zip Code)

traci.flumer@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Traci A. Flumer at 386 956-9995
(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)

\$35 ✓ has already been sent + cashed by you.

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

See attached copy

2020 JAN 15 AM 10:13

REC'D 1/15/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2019

TRACI A FLUMER
2420 S PARKVIEW AVE
ORANGE CITY, FL 32763

SUBJECT: VOLUSIA COMMUNITY SYMPHONY, INC.
Ref. Number: N17000004824

We have received your document for VOLUSIA COMMUNITY SYMPHONY, 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 document you sent in is for changing the registered agent. You will need to file Articles of Amendment for Non-profit corporation to change the officers.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 719A00022233

Articles of Amendment
to
Articles of Incorporation
of

Valusia Community Symphony Inc

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

117000004824

(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)

2420 S. Parkview Ave
Orange City FL 32763

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

same as principal

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:

Traci A. Flumer

2420 S. Parkview Ave. Orange City
(Florida street address)

FL 32763

New Registered Office Address:

Orange City
(City)

Florida 32763
(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.

Traci A. Flumer
Signature of New Registered Agent, if changing

FILED
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TALLAHASSEE
FLORIDA

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Tres.</u>	<u>Sandra Hoy</u>	<u>1200 Eggleston Dr.</u> <u>Deland FL 32720</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Tres</u>	<u>Donald L Kline Sr</u>	<u>545 Snapper Cove Dr</u> <u>DeBary FL</u> <u>32713</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SECT</u>	<u>Natalie Watts Brown</u>	<u>400 W. Euclid Av.</u> <u>DELAND, FL 32720</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>SECT</u>	<u>Michael E. Vaughn</u>	<u>118 ELISSAR DR</u> <u>DeBary FL 32713</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

The date of each amendment(s) adoption: April 1, 2019 if other than the date this document was signed.

Effective date if applicable: April 1, 2019
(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)

- 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 12/17/2019

Signature *Traci A. Flumer*

(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)

Traci A. Flumer
(Typed or printed name of person signing)

President
(Title of person signing)