

N49579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

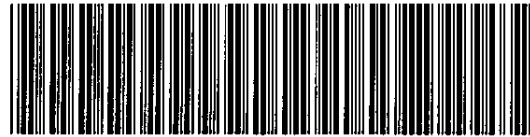
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
10 DEC 17 PM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** METROPOLITAN BUSINESS ASSOCIATION Inc.

**DOCUMENT NUMBER:** N49579

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

Please return all correspondence concerning this matter to the following:

MIKAEL AUDEBERT

(Name of Contact Person)

(Firm/ Company)

100 S. EOLA DR, #1602

(Address)

ORLANDO, FL 32801

(City/ State and Zip Code)

mikael@mbaorlando.org

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

For further information concerning this matter, please call:

\_\_\_\_\_ 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:

- |                                                     |                                                                     |                                                                                            |                                                                                                                |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

Articles of Amendment  
to  
Articles of Incorporation  
of

METROPOLITAN BUSINESS ASSOCIATION INC  
(Name of Corporation as currently filed with the Florida Dept. of State)

N49579

(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/O MIKAEL F. AUDEBERT

100 S. EOLA DRIVE #1602

ORLANDO FL 32801

**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:

Mikael F. Audebert

New Registered Office Address:

100 S. Eola Drive #1602

(Florida street address)

ORLANDO FL

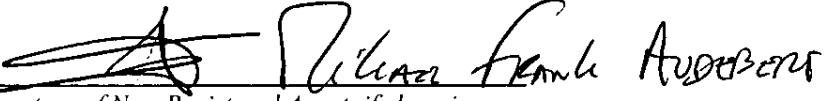
(City)

, Florida 32801

(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.*

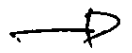
  
Signature of New Registered Agent, if changing

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SECRETARY OF STATE  
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)*

| <u>Title</u> | <u>Name</u>          | <u>Address</u>                    | <u>Type of Action</u>                                                      |
|--------------|----------------------|-----------------------------------|----------------------------------------------------------------------------|
| PD           | Gina Duncan          | PO BOX 536981<br>ORLANDO FL 32853 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| PD           | David Baker Hargrove | PO BOX 536981<br>ORLANDO FL 32853 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| TD           | SCOTT PRUITT         | PO BOX 536981<br>ORLANDO FL 32853 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |



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

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

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**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>                                  | <u>Type of Action</u>                                                      |
|--------------|--------------------------|-------------------------------------------------|----------------------------------------------------------------------------|
| <u>TD</u>    | <u>Fredrik Ericksson</u> | <u>PO BOX 536981</u><br><u>ORLANDO FL 32853</u> | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| <u>SD</u>    | <u>Susanna Garcia</u>    | <u>PO BOX 536981</u><br><u>ORLANDO FL 32853</u> | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| <u>_____</u> | <u>_____</u>             | <u>_____</u>                                    | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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The date of each amendment(s) adoption: 11/01/2010  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(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 12/13/2010

Signature ~~\_\_\_\_\_~~ Frank Augustat, VPD

(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)

Frank Augustat  
(Typed or printed name of person signing)

VICE PRESIDENT  
(Title of person signing)