## 700584

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Amend/cc

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

The Center of // NAME OF CORPORATION:	Anna Maria Island Inc
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Kristen Lessig	
	(Name of Contact Person)
The Center of Anna Maria Island	
	(Firm/ Company)
P.O. Box 253	
	(Address)
Anna Maria, FL 34216	
	(City/ State and Zip Code)
kristenl@centerami.org	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, p	lease call:
Kristen Lessig	941 778-1908 at
(Name of Contact Pe	
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St	e & S43.75 Filing Fee & S52.50 Filing Fee  tus Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahussee, 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

The Center of Anna Maria Island Inc.

The Center of Atma Waria Island me.		
(Name of Corporati	ion as currently filed with the Florida Dept. of State)	
700584		
(Doc	cument Number of Corporation (if known)	
	·	
	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:	
		TI
name must be distinguishable and contain the we	ord "corporation" or "incorporated" or the abbreviation "Corp." o	_The new or "Inc."
"Company" or "Co." may not be used in the na		
B. Enter new principal office address, if appli	icabla	
(Principal office address MUST BE A STREET	(ADDRESS)	
C. Enter new mailing address, if applicable:	> Co	255 255
(Muiling address <u>MAY BE A POST OFFI</u> C	E BOX	
ļ	्रीता ।   क्र	2
		70
D. If amending the registered agent and/or re	gistered office address in Florida, enter the name of the	က်
new registered agent and/or the new regist	lered office address:	ŧ-
Name of New Registered Agen	L	S
	(Florida street address)	
New Registered Office Addre	1 <u>\$\$</u> :	
	, Florida, (City) (Zip Code)	
New Registered Agent's Signature, if changin	<u>g Registered Agent:</u> ent. I am familiar with and accept the obligations of the position.	
e., weeep me appointment as registered ag	Sin. Fam Jamua win and accept the obligations of the position.	
,		
	Signature of New Registered Agent, if changing	
	organian of the negative agent, if changing	

P = President; V = Vice I	, if necessary) rector title by the f. President; T= Trea = Chief Financial (	irst letter of the office title: surer; S= Secretary; D= Director; TR= Trus Officer. If an officer/director holds more than	tee; C = Chairman or Clerk; CEO = Chief n one title, list the first letter of each office
	ves the corporation	n, $Sally$ Smith is named the $V$ and $S.$ These sh	ST and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change.
Example: X.Change X.Remove X.Add	PT         John Do           V         Mike Jo           SV         Sally Sr	nes	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	CD	Bill Shuman	407 Magnolia Avenue
Add x Remove			Anna Maria, FL 34216
2) Change	CD	David Zaccagnino	407 Magnolia Avenue
X Add			Anna Maria, FL 34216
Remove 3) Change	<u>S</u>	Bill Shuman	407 Magnolia Avenue
x Add			Anna Maria, FL 34216
Remove			
4) Change Add			
Remove			
5) Change			
Add Remove			
Kemove			
6) Change			
Add			

Page 2 of 4

\_ Remove

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

. If amending or adding additional Article (attach additional sheets, if necessary). (E	, enter change(s) here:
(attach additional sheets, if necessary). (b	Be specific) 
<del>-</del>	
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	- 11

	date of each amendment(s) adoption: this document was signed.		, if other than the
Effe	ective date if applicable:		
	(ne	more than 90 days after amendment file date)	
	e: If the date inserted in this block does nument's effective date on the Department	of meet the applicable statutory filing requirements, this date will not be of State's records.	listed as the
Ado	option of Amendment(s)	(  CHECK ONE)	
	The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	
	There are no members or members entitl adopted by the board of directors.	ed to vote on the amendment(s). The amendment(s) was/were	
	Dated 09/01/2017		
	Signature		
	have not been selecte	cechairman of the board, president or other officer-if directors d, by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)	
	Kristen Lessig		
		(Typed or printed name of person signing)	
	Executive Director	r	
		(Title of person signing)	