## 702289

| (Re                                     | questor's Name)   |             |
|---|-------------------|-------------|
|   |                   |             |
| (Ad                                     | dress)            |             |
| •                                       | •                 |             |
| (Ad                                     | dress)            |             |
|   |                   |             |
| (Cit                                    | y/State/Zip/Phone | e #)        |
| (                                       | ,                 | ,           |
| PICK-UP                                 | ☐ WAIT            | MAIL        |
|   |                   |             |
| (Bu                                     | siness Entity Nan | ne)         |
|   |                   |             |
| (Do                                     | cument Number)    |             |
|   |                   |             |
| Certified Copies                        | Certificates      | of Status   |
|   | <u> </u>          |             |
|   |                   | <del></del> |
| Special Instructions to Filing Officer: |                   |             |
|   |                   |             |
|   |                   |             |
|   |                   | i           |
|   |                   |             |
|   |                   |             |
|   |                   |             |
|   |                   |             |

Office Use Only



600122424796

04/07/08--01049--021 \*\*52.50

FILED

08 APR -7 PM 1:31

3ECRETARY OF STATE
ALL AHASSEF FINALE

2027/000

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: The DeLand Museum of Art, Inc.  |  |   |  |
|--|--|---|--|
| DOCUMENT NUMBER: 702289  |  |   |  |
| The enclosed Articles of Amendment and fee   | are submitted for filin  | g.  |  |
| Please return all correspondence concerning the  | his matter to the follow   | ving:   |  |
| Judith Thompson  |  |   |  |
| (Name of   | Contact Person)  |   |  |
| The Museum of Florida Art, Inc.  |  |   |  |
| (Firm  | / Company)   | <del></del>   |  |
| 600 N. Woodland Blvd   | . <i>'</i>   |   |  |
| . (A   | Address)   | •   |  |
| DeLand, Florida 32720  |  |   |  |
| (City/ Stat  | te and Zip Code)   |   |  |
| For further information concerning this matter   | , please call:   |   |  |
| Judith Thompson  | at ( 386 )   | 943-4121  |  |
| (Name of Contact Person)   | (Area Code   | & Daytime Telephone Number)   |  |
| Enclosed is a check for the following amount:  |  | ,   |  |
| \$35 Filing Fee \$\textstyle \\$43.75 Filing Fee & Certificate of Status                       | S43.75 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 | Division<br>Clifton B  | ent Section of Corporations   |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

|  | OeLand Museum of Art, Inc.  (Name of corporation as currently filed with the Florida Dept. of State)   |
|--|--|
|  | 702289   |
|  | (Document number of corporation (if known)   |
|  | to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit</i> ion adopts the following amendment(s) to its Articles of Incorporation:                                |
| NEW CO   | DRPORATE NAME (if changing):   |
| The Muse   | eum of Florida Art, Inc.   |
|  | in the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation) |
|  | MENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)  |
| <del>- , , , , , , , , , , , , , , , , , , ,</del> |  |
|  | O C  |
|  | APR<br>CRETA   |
|  | SEE  |
|  | Figure 1   |
|  | 32   |
|  |  |
| <del> </del>                                       |  |
|  |  |
|  |  |
| <del></del>  |  |
|  |  |
|  |  |

(Attach additional pages if necessary) (continued)

| The date of adoption of the amendment(s) was: 12/14/06 |  |  |
|--|--|--|
| Effective date if applicable: 1/                       | 1/07   |  |
|  | (no more than 90 days after amendment file date)   |  |
| Adoption of Amendment(s)                               | (CHECK ONE)  |  |
|  | as (were) adopted by the members and the number of votes cast as sufficient for approval.  |  |
|  | rs or members entitled to vote on the amendment. The vere) adopted by the board of directors.  |  |
| Signature Hou  | Saxtilli   |  |
| (By the chairman o                                     | or vice chairman of the board, president or other officer- if directors ected, by an incorporator- if in the hands of a receiver, trustee, or led fiduciary, by that fiduciary.) |  |
| Reggie Santilli  |  |  |
| (Тур   | ped or printed name of person signing)   |  |
| President, Boar  | d of Trustees  |  |
|  | (Title of person signing)  |  |

FILING FEE: \$35