102289

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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: The Mus | seum of Flo | orida Art, Inc. | | | |
|--|--|---|--|--|--|
| DOCUMENT NUMBER: 702289 | | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | |
| Please return all correspondence concerning this mat | ter to the following: | | | | |
| Judith Thompson | | | | | |
| - | (Name of Contact Person | 1) | | | |
| The Museum of Florid | la Art, Inc. | | | | |
| | (Firm/ Company) | | | | |
| 600 North Woodland I | Blvd | | | | |
| | (Address) | | | | |
| DeLand, FL 32720 | | | | | |
| | (City/ State and Zip Cod | e) | | | |
| cvljudyt@aol.co | | | | | |
| | d for future annual report | notification) | | | |
| For further information concerning this matter, please | e call: | | | | |
| Judith Thompson | _{at} 386 | ,943-4121 | | | |
| (Name of Contact Person) | | ode & Daytime Telephone Number) | | | |
| Enclosed is a check for the following amount made p | ayable to the Florida Depa | artment of State: | | | |
| \$35 Filing Fee \$\text{Certificate of Status}\$ | Certified Copy (Additional copy is enclosed) | S52.50 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 | Amend Divisio Clifton 2661 E | Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301 | | | |

EFFECTIVE DATE
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Articles of Amendment to Articles of Incorporation of

| The Museum of Florida (Name of Corporation as currently 702289 | | orida Dept. of State) | |
|--|---|---|----------------------------|
| (Docur | nent Number of C | orporation (if known) | |
| Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation | | es, this <i>Florida Not For Profit Corpora</i> | ation adopts the following |
| A. If amending name, enter the new nam | e of the corporat | ion: | |
| The Museum of Art, Del | Land, Flor | ida, Inc. | The new |
| name must be distinguishable and contain t "Company" or "Co," may not be used in to | | tion" or "incorporated" or the abbrevi | |
| B. Enter new principal office address, if | applicable: | NA | |
| (Principal office address MUST BE A STR | |) | |
| C. Enter new mailing address, if applica | | N A | ಮ |
| (Mailing address <u>MAY BE A POST OI</u> | TICE BUX | | |
| D. If amending the registered agent and/ new registered agent and/or the new re- | or registered offi registered office s | ce address in Florida, enter the name address: | ਹ |
| Name of New Registered Agent: | NA | | , <u>(</u> |
| | NA | | |
| New Registered Office Address: | | (Florida street address) | |
| _ | | , Florida _ | |
| | (City) | | (Zip Code) |
| New Registered Agent's Signature, if cha I hereby accept the appointment as register | nging Registered ed agent. I am fa | Agent: miliar with and accept the obligations of | of the position. |
| | 111 | Registered Agent, if changing | |

Page 1 of 4

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 X Remove X Add | <u>V</u> <u>Mil</u> | n Doe ke Jones ly Smith | |
|----------------------------------|---------------------|-------------------------------|------------------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>VP</u> | William Hall | 520 Nutmeg Circle DeLand, FL 32724 |
| X Remove | | | |
| 2) X Change | <u>VP</u> | John Wilton | 2648 Flowing Well Rd |
| Add | | | DeLand, FL 32720 |
| Remove 3) Change | Sec | Lee Downer | 204 S. Brooks Ave |
| Add | | | DeLand, FL 32720 |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: | |
|---|---|
| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | |
| | |
| NA NA | |
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| The date of each amendment(s) adoption: AUGUST 8, 2013 date this document was signed. | , if other than th |
|--|--------------------|
| Effective date if applicable: October 1, 2013 | |
| (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 August 8, 2013 | |
| Signature Judith Jumps | |
| (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) | |
| Judith Thompson | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |