## 708398

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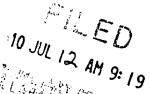
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Lighthouse Center for the Arts, Inc.			
DOCUMENT NUME	BER: 708398		
The enclosed Articles	of Amendment and fee are subm	nitted for filing.	
Please return all corres	spondence concerning this matte	er to the following:	
	Colette K	. Meyer, Esq.	
		Contact Person)	
	<del></del>	· Law Firm Company)	
	(1 1111)	Company)	
	1070 E. Indianto	wn Road, Suite 312	
	(A	ddress)	
	Jupiter, F	lorida 33477	
	<del></del>	and Zip Code)	
	colette@me	yerlawfirmfl.com	
<del></del>		for future annual report notificat	ion)
For further information	n concerning this matter, please	call:	
Katie Deits		at (561)	
(Name o	f Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for	the following amount made page	yable 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)
	g Address ment Section	Street Address	
	n of Corporations	Amendment Section Division of Corporation	s
P.O. Bo	ox 6327	Clifton Building	
Tallaha	ssee, FL 32314	2661 Executive Center 6	Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



of	" AH 9: 10
Lighthouse Center for the Arts, Inc.	LAMSRE OF STU-
 (Name of Corporation as currently filed with the Florida Dep	ot. of State)
708398	~~
(Document Number of Corporation (if known)	

Lightho	use ArtCenter, Inc.	
he new name must be distinguishable and c bbreviation "Corp." or " Inc." <mark>"Company" o</mark>		
3. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
<ul> <li>Enter new mailing address, if applicable</li> </ul>	<u>:</u>	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
	CE BOX)  registered office address in Florida	, enter the name of t
(Mailing address MAY BE A POST OFFI	CE BOX)  registered office address in Florida	, enter the name of t
(Mailing address MAY BE A POST OFFI  ). If amending the registered agent and/or new registered agent and/or the new regi	CE BOX)  registered office address in Florida	, enter the name of t
(Mailing address MAY BE A POST OFFI  ). If amending the registered agent and/or new registered agent and/or the new registered Agent:	CE BOX)  registered office address in Florida stered office address:	, enter the name of the name o

Signature of New Registered Agent, if changing

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)

1 1 5

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	Drits, Katie	373 Tequesta Dr. Teguesta, FL 33469	□ Add address □ Remove
	<del></del>		☐ Add ☐ Remove
			☐ Add ☐ Remove
r: ke			
(attach ad	ling or adding additional Articles, enter dditional sheets, if necessary). (Be specified)	<u>change(s) here</u> : fic)	
·····			
			<del></del>
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			<del> </del>
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<i>:</i>	
The date of each amendme	nt(s) adoption: May 27, 2010
Effective date if applicable:	(date of adoption is required) May 27, 2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of co	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.
Dated_Jur	ne 17. 2010
Signature _	Courte & Uga
ha	by the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	Colette K. Meyer
	(Typed or printed name of person signing)
	President, Board of Directors
	(Title of person signing)

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