

723690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

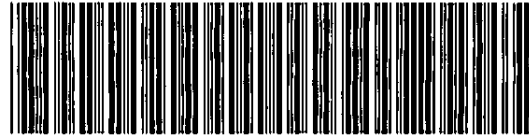
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200253552472

11/12/13--01008--029 **35.00

13 DEC -2 PM 14 00
13 DEC -2 PM 14 00
13 DEC -2 PM 14 00

Amend.
12-3-13
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
NOV 22 2013

BY:

November 15, 2013

JEAN DONALDSON
LAKE WALES ARTS COUNCIL, INC.
1099 STATE ROAD 60 EAST
LAKE WALES, FL 33853

SUBJECT: LAKE WALES ARTS COUNCIL, INC.
Ref. Number: 723690

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PAGE 2 OF THE DOCUMENT HAS JARVIS MEEKS LISTED WITH THE TITLE SECRETARY AND DOES NOT INDICATE WHETHER HE IS BEING CHANGED/ADDED OR REMOVED. PLEASE CHECK ONE BOX LISTING THE TYPE OF ACTION.

ALL DOCUMENTS MUST BE SUBMITTED ONE-SIDED AS WE ARE UNABLE TO IMAGE A TWO-SIDED DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: 413A00026455

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lake Wales Arts Council, INC

DOCUMENT NUMBER: 723690

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

Please return all correspondence concerning this matter to the following:

Jean Donaldson

(Name of Contact Person)

Lake Wales Arts Council, Inc

(Firm/ Company)

1099 State Road 60 East

(Address)

Lake Wales, FL 33853

(City/ State and Zip Code)

jdonaldson@lw-arts.org

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

For further information concerning this matter, please call:

Jean Donaldson

(Name of Contact Person)

at **863 676-8426**

(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

Lake Wales Arts Council, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

723690

(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. 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: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (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

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 10-9-13

Signature Barbara Jaggi Connor
(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)

✓ Barbara Jaggi Connor
(Typed or printed name of person signing)

✓ President, Board of Directors
(Title of person signing)