

729244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

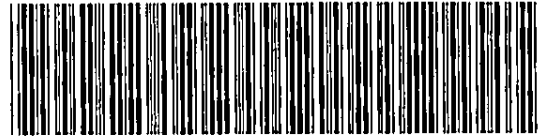
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18 DEC 26 PM 4:55
TALLAHASSEE, FLORIDA

JAN 04 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2018

NINA TARNUZZER
FLORIDA WATERCOLOR SOCIETY, INC
11203 SW 16TH STREET
MICANOPY, FL 32667

SUBJECT: FLORIDA WATERCOLOR SOCIETY, INC.
Ref. Number: 729244

We have received your document for FLORIDA WATERCOLOR SOCIETY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 718A00025490

RECEIVED
2018 DEC 26 PM 4:05
SECRETARY OF STATE
TALLAHASSEE
YOW

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FLORIDA WATERCOLOR SOCIETY, INC

DOCUMENT NUMBER: 729244

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

Please return all correspondence concerning this matter to the following:

NINA W TARNUZZER
(Name of Contact Person)

FLORIDA WATERCOLOR SOCIETY, INC
(Firm/ Company)

11203 SW 16TH ST
(Address)

MICANOPY FL 32647
(City/ State and Zip Code)

FWS treasurer @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NINA W TARNUZZER at 392 466 3000
(Name of Contact Person) (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)
↓			
SENT WITH ORIGINAL APPLICATION			

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

FLORIDA WATERCOLOR SOCIETY, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

729244

(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:

N/A

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)

11203 SW 16TH ST

MICANOPY FL 32067

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11203 SW 16TH ST

MICANOPY FL 32067

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:

NINA W. TARENLUZZER

11203 SW 16TH ST

(Florida street address)

New Registered Office Address:

MICANOPY

(City)

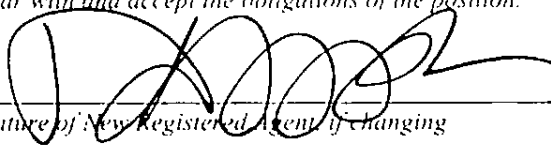
Florida

32067

(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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- 1) ☐ Change P JEROME CHESLEY 37 SUNSET DR #71
☐ Add PARASOTA FL 34234
☒ Remove _____
- 2) ☐ Change P KIM MINICHIEUO 1220 KENDAL BLVD #
☒ Add WINDERMERE FL 34786
☐ Remove _____
- 3) ☐ Change T SHARYN BAKLEY 36378 SINGLETARY RD
☐ Add MYAKKA CTY FL 34251
☒ Remove _____
- 4) ☐ Change T NINA TARNUZZER 11203 SW 10TH ST
☒ Add MICANOPY FL 32667
☐ Remove _____
- 5) ☐ Change D KATHY DURIN 1820 W RICHARDSON PL
☒ Add (IF NOT ALREADY
REGISTERED) TAMPA FL 33606
☐ Remove _____
- 6) ☐ Change _____
☐ Add _____
☐ Remove _____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

NONE

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

Effective date if applicable: JANUARY 1, 2019 (NEW OFFICER STATE)
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 DEC 20, 2018

Signature [Signature]
(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)

NINA TARULIZZER
(Typed or printed name of person signing)

TREASURER
(Title of person signing)