## 763344

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Special Instructions to	Filing Officer:	
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Office Use Only

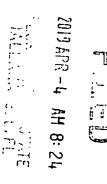
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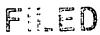
**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	American Institute of	Polish Culture - Pir	nellas County, II —	nc.
DOCUMENT NUMBER	763344 R:			
The enclosed Articles of A	Amendment and fee are subm	itted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
Eva Skibicki				
	(	Name of Contact Po	erson)	
American Institute of Po	lish Culture			
i		(Firm/ Company	y)	
P.O. Box 4512				
	<del></del>	(Address)	<del></del>	
Clearwater, FL 33765				
	(	City/ State and Zip	Code)	
aipetampabay@gmail.co				
	E-mail address: (to be used	for future annual rep	port notification	)
For further information co	oncerning this matter, please o	all:		
Eva Skibicki	<u></u>	at	727	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for th	ne following amount made pay	able to the Florida	Department of S	State:
■ \$35 Filing Fe	ee		Certifi is Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Amend Divisio P.O. Be	g Address ment Section on of Corporations ox 6327 assec, FL 32314	Ai Di Cl 26	reet Address mendment Secti ivision of Corpe lifton Building 661 Executive C allahassee, FL 3	rations enter Circle

## Articles of Amendment

to

## Articles of Incorporation



American Institute of Polish Culture - Pinellas Con	unty, Inc.		2010 400 _ 1.	AM Q+ 21.
(Name of Corporation	as current	ly filed with the F	lorida Dept. of Stat	<del></del>
763344			SECRET	- 0 1XE
(Docum	nent Numbe	er of Corporation (i	if known)	7 to 10 1 to 10
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes	s, this <i>Florida Not</i>	For Profit Corporat	tion adopts the following
A. If amending name, enter the new name of the	corporation	on:		
American Institute of Polish Culture in Tampa Bay	, Inc.			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorpore	sted" or the abbrevio	
B. Enter new principal office address, if applica				
(Principal office address <u>MUST BE A STREET ADDRE</u>		(RESS) 1521 North Saturn Avenue, Clearwater FL 33755		
				<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	P.O. Box 4512, C	Clearwater, FL 33765	
D. If amending the registered agent and/or regis	stered offic	e address in Flori	da, enter the name	of the
new registered agent and/or the new register				
Name of New Registered Agent:	Eva Skibio	eki		
<u>rume of real registered rigeral</u>	1521 Nort	h Saturn Avenue		*
I	(Florida street address)			
New Registered Office Address:				
	Clearwate	г	, F	Jorida 33755
		(City)		(Zip Code)
- New Registered Agent's Signature, if changing I	Registered	Agent:		
I hereby accept the appointment as registered agen	u. Lam far	niliar with and acc	ept the obligations o	of the position.
_		-Euro		
	Si	gnature of New Re	gistered Agent, if ch	anging

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>PT</u> <u>Y</u> <u>SV</u>	John De Mike Jo Sally Sr	nes	
Type of Action (Check One)		<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	-		_		
2) Change			_		 
Add					
Remove					
3 ) Change			_	<del></del>	
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attach additional sheets, if necessary).	(Be specific)			
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	Page 3	of 4		

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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendme was/were sufficient for approval.	nt(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/we adopted by the board of directors.	re
Dated 4-1-2019	
Signature	
(By the chairman or vice chairman of the board, president or other officer-if direct	ors
have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)	or
Eva Skibicki	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	<del>_</del>
1	