

N00000007836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

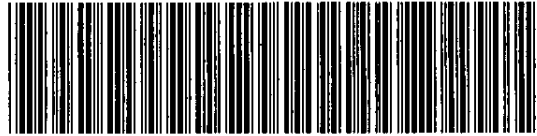
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FILED  
2010 APR -8 P 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend MC  
Lewis

4-9-10

**COVER LETTER**

**TQ** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Olde Eau Gallie Riverfront Association, Inc.

**DOCUMENT NUMBER:** N00000007836

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

Please return all correspondence concerning this matter to the following:

Mary Wallis

(Name of Contact Person)

Eau Gallie Arts District Association, Inc.

(Firm/ Company)

P.O. Box 360564

(Address)

Melbourne, FL 32936

(City/ State and Zip Code)

info@eaugalliearts.com

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

For further information concerning this matter, please call:

Mary Wallis

(Name of Contact Person)

at ( 321 ) 752-4603

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable 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)

**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

Olde Eau Gallie Riverfront Association, Inc.

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

N00000007836

(Document Number of Corporation (if known))

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TALLAHASSEE, FLORIDA

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:**

Eau Gallie Arts District Association, Inc.

*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)

Eau Gallie Arts District Assoc.

1463 Highland Avenue

Melbourne, FL 32935

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

Eau Gallie Arts District Assoc.

P.O. Box 360564

Melbourne, FL 32936

**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:

Mark Mittleman

1634 Ficus Point Drive

New Registered Office Address:

(Florida street address)

Melbourne

(City)

Florida 32940

(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

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 2/18/10  
(date of adoption is required)

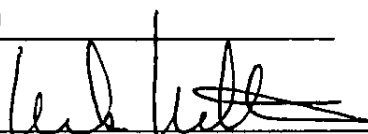
Effective date if applicable: N/A  
(no more than 90 days after amendment file date)

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 2/18/10

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)

Mark Mittleman

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

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## **ARTICLE V INITIAL DIRECTORS/OFFICERS**

Secretary	Brenda Carter	220 Grant Avenue Satellite Beach, FL 32937	Remove
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### **DIRECTORS/OFFICERS – to be added**

President	Tom Powers	1512 Guava Avenue Melbourne, FL 32935	ADD
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Vice President	Robin Rothrock	1414 Higland Avenue Melbourne, FL 32935	ADD
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Treasurer	Mark Mittleman	1634 Ficus Point Drive Melbourne, FL 32940	ADD
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Secretary	Ed Baranowski	555 Old Oak Street Melbourne, FL 32940	ADD
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