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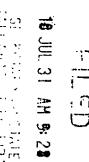


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COVER LETTER

TO: Amendment Section Division of Corporations

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Book Island Festival, Inc. NAME OF CORPORATION:
N0100006844
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mary Grace Herrington, President
(Name of Contact Person)
Book Island Festival, Inc.
(Firm/ Company)
PO Box 15286
(Address)
Fernandina Beach, FL 32035-3105
(City/ State and Zip Code)
info@ameliaislandbookfestival.org
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Grace Herrington 904-755-100
(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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certificate of Status \$43.75 Filing Fee Certified Copy Certificate of Status

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

FILED

18 JUL 31 AM 9: 28

		<u> </u>
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)
N01000006844 Book Island Festival, Inc.		
(Document	Number of Corporation (if I	known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of the con	rporation:	
	· · · · · · · · · · · · · · · · · · ·	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	x)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		, enter the name of the
Name of New Registered Agent:		
		Florida street address)
New Registered Office Address:	,	anna sireei adaress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I		t the obligations of the position.
	Signature of New Regis	stered 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: X.Change X Remove X Add	PT John I V Mike SV Sally S	<u>Iones</u>	
	Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
ď	1) Change	P	Dr. John Ruis	PO Box 15286
	Add			Fernandina Beach FL 32035
	X Remove			
	2) Change	P	Mary Grace Herrington	PO Box 15286
	X Add			Fernandina Beach, FL 32035
	Remove			
	3) Change	<u> </u>	Maurie Duggar	PO Box 15286
	Add			Fernandina Beach, FL 32035
	X Remove			
	4) Change	٧	Betsy Odom	PO Box 15286
	X Add			Fernandina Beach, FL 32035
	Remove			
	5) Change	<u>T</u>	Terry Ramsay	PO Box 15286
	Add			Fernandina Beach, FL 32035
	X Remove			
	6) X Change	Τ	Frances Shea	PO Box 15286
	Add			Fernandina Beach, FL 32035
	Remove			
				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
7) X ADD	S	Marie Fenn	PO Box 15286	Fernandina Beach, FL	32035
			<u>.</u>		
					
		·			
			- 11		

The date of each amendment(s) adoption	·	, if other than the
date this document was signed.		
. July 1, 201 Effective date if applicable:	8	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	s not meet the applicable statutory filing requirements, this date will not of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	
There are no members or members ent adopted by the board of directors.	itled to vote on the amendment(s). The amendment(s) was/were	
Dated 31	My 2018	
Signature Will i	eringt-	
have not been selec	vice chairman of the board, president or other officer-if directors eted, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
Mary Grace He	errington	
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	