N01578

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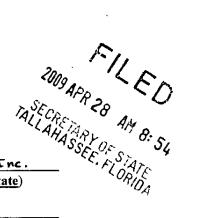
Amend 1B 5-5-09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Blue Cra	b Festival Steering Committee The
DOCUMENT NUMBER: N 01578	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Sheryl L. Moster (Name of Contr	Person)
Blue Crab Steering (Firm/Con	og Committee, Ire
P.O. Box 456 (Addre	ss)
Panacea, Pl 30 (City/State and	Zip Code)
For further information concerning this matter, please	
Sherrie Miller (Name of Contact Person)	Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section A Division of Corporations D P.O. Box 6327 C Tallahassee, FL 32314	treet Address mendment Section livision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Blue Crab Festival Steering	
(Name of Corporation as currently filed with	the Florida Dept. of State)
N01578	
(Document Number of Corporati	ion (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	<u>n:</u>
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	
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)	P.O. Box 456 Panacea Fl 32346
D. If amending the registered agent and/or registered office	·

New Registered Office Address: (Florida street address)

______, Florida______, (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

new registered agent and/or the new registered office address:

Name of New 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
TD	Pam Portwood	1184 Lower Bridge Rd Crawford ville, FL 32327	Add Remove
<u>D</u>	Pam Portwood	1184 Lower Bridge Rd Crawfordville, FL 32327	Add Remove
2D	Doris Harrington	25 C Old Courthouse Way Crawforduille, FL 22327	Add Remove
	ng or adding additional Articles, enter citional sheets, if necessary). (Be specifi		
	,		

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>TD</u>	Doris Harrington	25C Old Courthouse Way Crawforduille, FL 32327	Add Remove
<u>5D</u>	Sheryl L. Mosley	32 Talon Drive Crawford ville, FL 32327	Add Remove
	ding or adding additional Articles, ent dditional sheets, if necessary). (Be spe		
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The date of each amendment(s) adoption: 3/25/09		
Effective date <u>if applicable</u> :	4/1/09	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated	124109	
Signature	Shenu P Millin	
(By	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	Sherrie P. Miller	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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