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(Re	equestor's Name)		
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Amend Jame (10 10.18/13

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: The Downtown ARTS Association, Inc.				
DOCUMENT NUMBER: No200003070				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Lyn Van Voorst (Name of Contact Person)				
(Name of Contact Person)				
ARTS ASSOCIATION ST. PETERSburg				
(Firm/ Company)				
400 23rd STREET SOUTH (Address)				
St. Retersburg Fl. 33712 (City/State and Zip Code)				
(City/ State and Zip Code)				
and the				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Un Van Voorst at 727, 742-3674				
(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				
Mailing Address Street Address				
Amendment Section Amendment Section Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment

Articles of Incorporation

Articles of Amendment	
to Articles of Incorporation of	2 2 3
The Downtown Arts AssociATion, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)) a
No 2000002070 (Document Number of Corporation (if known)	٢ .
(Document Number of Corporation (if known)	
rsuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following nendment(s) to its Articles of Incorporation:	
If amending name, enter the new name of the corporation:	
ARTS Association ST. RETETS burg, Inc. The new	
me 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.	
1/2 72 M 0 - C	
Enter new principal office address, if applicable: 400 23 57.50.	
rincipal office address MUST BE A STREET ADDRESS) 57 PETERS DW9	
FLA. 33712	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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: Lyn Van Voorst	
400 23 Vd ST, So, 33712 (Florida street address) New Registered Office Address:	
St. Retersburg Florida 33712 (City) (Zip Code)	
ew Registered Agent's Signature, if changing Registered Agent:	
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	

Page 1 of 4

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		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	Pres	LINDA RAMIRES	ST. PETERS burg, Pl. 33713
2) Change Add Remove	TREAS	Lyn Van Voorst	400 23 MST.S. STIPETE, FL. 33712
Remove 3) Change Add Remove	<u>_G</u> _	Bradley GRICUSON	2425 CENTRAL FUE ST. PETE, FC. 33713
4) Change Add Remove	_9	CAVOL Gray	800 2 M AVEN. \$10) ST. PETE, FL. 3370)
5) Change Add Remove	_P_	Jeff Schorr	2955 CENTRAL AVE STIPETE, FL. 33713
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
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The date of each amendment(s) fate this document was signed.	adoption: OCI 1 2015	, if other than the
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendme oval.	ent(s)
There are no members or m adopted by the board of dir	embers entitled to vote on the amendment(s). The amendment(s) was/we ectors.	те
Dated	10/7/13	
Signature		
have not	hairman or vice chairman of the board, president or other officer-if direct been selected, by an incorporator – if in the hands of a receiver, trustee, urt appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	D. Treas.	
	(Title of person signing)	