N03 0000001725

| (Re | questor's Name) |
|-------------------------|------------------------|
| (Add | dress) |
| (Add | dress) |
| (Cit | y/State/Zip/Phone #) |
| PICK-UP | ☐ WAIT ☐ MAIL |
| (Bu | siness Entity Name) |
| (Do | cument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
| Q |). SILAS |
| | 12/27/21 |

Office Use Only



100377015201

11/29/21--01018--003 **52.50





W21072 27 1" 8:15

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

December 14, 2021

ROBERT L. ARNOLD 10204 SEMINOLE OSLAND DR. LARGO, FL 33773

SUBJECT: KREWE OF THE CONQUISTADORS OF TAMPA BAY INC

Ref. Number: N03000001725

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 121A00030173

COVER LETTER

TO: Amendment Section Division of Corporations

| KREWE OF THE CO | ONQUISTADORS OF TA | АМРА-ВА | Y, INC. |
|---|---|--|--|
| N03000001725 DOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee are subm | nitted for filing. | | |
| Please return all correspondence concerning this matter | r to the following: | | |
| Robert L. Arnold | | | |
| | (Name of Contact Person |) | |
| | (Firm/ Company) | <u>. </u> | |
| 10204 Seminole Island Dr. | | | |
| | (Address) | | |
| Largo, FL 33773 | | | |
| | (City/ State and Zip Code | :) | |
| psicore.ma@gmail.com | | | |
| E-mail address: (to be used | for future annual report r | notification | 1) |
| For further information concerning this matter, please | call: | | |
| Scott Brown | (7 | 27) 709-6 | 111 |
| (Name of Contact Person) |) (An | ca Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following amount made pa | yable to the Florida Depa | urtment of | State: |
| ■ \$35 dling Fee □ \$43.75 Filing Fee & □ Certificate of Status | 3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi Certifi | 50 Filing Fee icate of Status led Copy tional Copy is sed) |

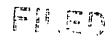
Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation of



KREWE OF THE CONQUISTADORS OF TAMPA-BAY, INC.

2021 DEC 27 PM 5: 54

| Name of Corporation as currently filed with the | Florida D | ept. of State) | SECRETER | 10:07:00 |
|---|----------------------------|------------------------------|---------------------------------------|------------------------------|
| N03000001725 | | | TALL : | |
| (Docum | ent Numbe | r of Corporation | (if known) | • |
| Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation: | rida Statutes | s, this <i>Florida No</i> | ot For Profit Corp | oration adopts the following |
| A. If amending name, enter the new name of the | corporation : | on: | | |
| | | | | The new |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the name | | ion" or "incorpo | rated" or the abbi | reviation "Corp." or "Inc." |
| B. Enter new principal office address, if applical | ble: | | | |
| (Principal office address <u>MUST BE A STREET A</u> | DDRESS) | 10204 Seminole | Island Dr. | |
| | | Largo, FL 33773 | | <u></u> - |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | <i>BOX</i>) | 10204 Seminole | Island Dr. | |
| | | Largo, FL 33773 | · · · · · · · · · · · · · · · · · · · | |
| | | | - | |
| D. If amending the registered agent and/or regis | stered offic | e address in Flo | rida, enter the na | ime of the |
| new registered agent and/or the new register | ed office ac | ddress: | | |
| Name of New Registered Agent: | Robert L. | Amold | | |
| | 10204 Ser | ninole Island Dr. | | |
| | | | (Florida street add | ress) |
| New Registered Office Address: | _ | | | 22772 |
| | Largo ——— | | | _, Florida |
| | | (City) | | (Zip Code) |
| New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen | Registered ut. I am fan | Agent: niliar with and ac | ccept the obligatio | ns of the position. |
| | K | 120 | 0 | |
| - | | vnature of New K | evisierea Aveni. I | cnanging |

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 | V Mil | n Doe ke Jones ly Smith | |
|--|--------------|---|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>P</u> | SALEMME, MATTHEW D | 11760 KAYMAK LN SEMINOLE FL 33772 |
| X Remove 2) Change Add | T | MALLON, TIM | SEMINOLE FL 33772 |
| X Remove Change Add | P | Scott Brown | 1091 Virginia St. Dunedin FL 34698 |
| —— Remove 4) Change X_ Add | | John Patterson | 7510 S. Swoope St. |
| Remove 5) Change X Add Remove | T | Michelle Arnold | Tampa, FL 33616 10204 Seminole Island Dr. Largo, FL 33773 |
| 6) Change X_ Add | <u> </u> | Greg Imhof | 669 Meldrum St. Safety Harbor FL. 34695 |
| E. If amending or ad (attach additional sa | | Articles, enter change(s) here: y). (Be specific) | |
| | | | |

| | <u> </u> | |
|--|---|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| The date of each amendment(s) adoption date this document was signed. | n:, if other than | the |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block doe document's effective date on the Departme | es not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records. | |
| 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) | |

| ì | By the chairman or vice chairman of the board, president or other officer-if directors nave not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
|---|---|
| | Scott Brown |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.