## NO3 00000 2561

(Re	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phon	e #)
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R. TVH TE JUN 22 2021

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	E FOR HEALING THROUGH SOUND AND MUSIC, INC.
N03000002561 DOCUMENT NUMBER:	
<del>- 11</del>	
The enclosed Articles of Amendment and fed	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Sharon Sue Stoll	
	(Name of Contact Person)
	(Firm/ Company)
1027 S. Frankland Road	
	(Address)
Tampa, Florida 33629	
_	(City/ State and Zip Code)
harpwings@aol.com	
E-mail address: (t	o be used for future annual report notification)
For further information concerning this matter	er, please call:
Sharon Sue Stoll	813 767-3742 at
(Name of Contac	
Enclosed is a check for the following amount	t made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	·
Mailing Address	Street Address

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

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

10 1 2:15 INSTITUTE FOR HEALING THROUGH SOUND AND MUSIC, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N03000002561 (Document Number of Corporation (if known) 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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: . Florida \_\_ (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

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 J           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Addréss -
1) × Change Add	<u>P</u>	Sharon Sue Stoll	1027 S. Frankland Road Tampa, FL 33629
Remove			
2) × Change Add	<u>VP</u>	Eleanor Cecilia Speed	10711 59th Avenue Seminole, FL 33772
Remove 3) X Change Add Remove	<u>T</u>	Sherry Lynn Nalsen	210 S. Bradford Avenue Tampa, FL 33609
4) Change Add	<del></del>		
Remove			
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
N/A			
	· <del></del>		

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The date of each amendment(s) adoption date this document was signed.	ı:	_, 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 does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not but of State's records.	oe listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

	Dated	4/29/21
Sharon Sue Stoll  (Typed or printed name of person signing)	Signati	(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
(Typed or printed name of person signing)		
President		
President		
(Title of person signing)		