

N05 00000 2437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

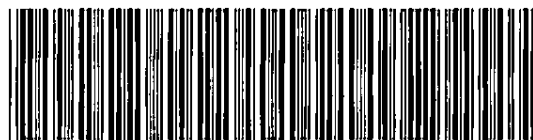
(Business Entity Name)

(Document Number)

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02/06/20--01011--011 \*\*25.00

03/19/20--01005--001 \*\*10.00

MAR 19 2020  
S. YOUNG

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ATLANTA, GEORGIA

2020 MAR 18 PM 3:16

FILED



RECEIVED

2020 MAR 10 AM 2:01

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2020

SUSAN A SWANSON  
KREWE OF MACQUE, INC  
4625 SCHOONER LANE  
LYNN HAVEN, FL 32444

SUBJECT: KREWE OF MACQUE, INC.  
Ref. Number: N05000002437

We have received your document for KREWE OF MACQUE, INC. and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$10.00. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LLC, but your entity is a CORPORATION. LIST OLD REGISTERED AGEENT IN #5A NEW ONE IN 5B. Please complete and return the enclosed blank form(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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 920A00004713

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Krewe of Masque, Inc.

DOCUMENT NUMBER: NO 5000002437

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Swanson  
(Name of Contact Person)

Krewe of Masque, Inc.  
(Firm/ Company)

4625 Schooner Ln  
(Address)

Lynn Haven, FL 32444  
(City/ State and Zip Code)

Susuan58@gmail.com  
(E-mail address: (to be used for future annual report notification))

For further information concerning this matter, please call:

Susan Swanson at 859 620 4445  
(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:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|--|

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 Macque, Inc  
(Name of Corporation as currently filed with the Florida Dept. of State)

NO5000002437  
(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1606, 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 The new 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.

**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)

**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:

New Registered Office Address:

(City)

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

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
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1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>Parker</u>  <hr/>	<u>Susan Swanson</u>  <hr/>	<u>4625 Schooner Ln</u> <u>Lynn Haven FL 32444</u>  <hr/>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<hr/>	<hr/>	<hr/>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<hr/>	<hr/>	<hr/>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<hr/>	<hr/>	<hr/>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<hr/>	<hr/>	<hr/>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<hr/>	<hr/>	<hr/>

**F. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets if necessary). (Be specific)

n/A

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

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

Dated March 19, 2020

Signature Susan Swanson  
(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 other court appointed fiduciary by that fiduciary)

Susan Swanson  
(Typed or printed name of person signing)

Purser  
(Title of person signing)