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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nam	ne)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Advertising Federation of Gainesville Florida, Inc				
DOCUMENT NUMBER: N0700000979				
The enclosed Articles of Amendment and fee are sub	mitted for filing.			
Please return all correspondence concerning this matt	er to the following:			
Jennifer Norman				
	(Name of Contact Person) 151		
Advertising Federation of	of Gainesville) }		
	(Firm/ Company)			
PO Box 358783				
· ·	(Address)			
Gainesville, FL 32635				
	(City/ State and Zip Code)		
adfed.president@	gmail.com			
E-mail address: (to be used		otification)		
For further information concerning this matter, please	call:			
Jennifer Norman	904	,742-1103		
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)		
Enclosed is a check for the following amount made pa	ayable to the Florida Depar	tment of State:		
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address	Street A			
Amendment Section		nent Section		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 **Articles of Amendment**

to

Articles of Incorporation

FILED SECRETARY OF STATE DIVISION OF CORFORATIONS

Advertising Federation	of Gaines Ville Horida
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
<i>No</i>	7000000979
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
AAF Gainesville, Inc	The new
<u>-</u>	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	1620 NW 68# TER
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	GATHESVILLE, FL 32605
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 358783 Gaine Fully AC 32635
	69 me fully 4c 32635
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent: KIHHON	
1420 NO	W 68 TER (Florida street address)
New Registered Office Address:	(Florida sireel address)
GAINE	NUE , Florida 32405
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. Yam fai	
am ju	The state of the position

Page 1 of 4

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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD$.

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove			
3) Change Add Remove		_	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	•

The date of each amendment(s) adoption: date this document was signed.		FILTIFOTHER THAN THE SECRETARY OF STATE DIVISION OF CORPURATIONS			
	Effective date if applicable: 5 20 5 (no more than 90 days after amendment file date)	15 APR 13			
	Adoption of Amendment(s) (CHECK ONE)				
	The amendment(s) was/were adopted by the members and the number of votes cast for the am was/were sufficient for approval.	endment(s)			
)	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
	Signature (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)				
	Jennifer Norman				
(Typed or printed name of person signing)					
	President	_			
	(Title of person signing)				