# POBTON

| (Re                     | questor's Name)   |             |
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| (Add                    | dress)            | <u> </u>    |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | WAIT              | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
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| Special Instructions to | Filing Officer:   |             |
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2018 AUG 30 PM 1: 0

R. WHITE SEP 0 4 2018

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATIO                     | Quilters Workshop of N:                          | f Tampa Bay   |                          |   |
|--|--|---|--------------------------|---|
| DOCUMENT NUMBER: _                     | 07809  |   |                          |   |
| The enclosed Articles of Ame           | ndment and fee are subm                          | nitted for filing.  |                          |   |
| Please return all corresponder         | ce concerning this matter                        | r to the following:   |                          |   |
| Nancy Blunk                            |  |   |                          |   |
| •                                      |  | (Name of Contact Pers   | on)                      |   |
| Quilters Workshop of Tampa             | Bay  |   |                          |   |
| <del></del>                            |  | (Firm/ Company)   |                          | ···-  |
| P.O. BOX 10782                         |  |   |                          |   |
| ·- · · · · · · · · · · · · · · · · · · | <del>-</del>                                     | (Address)   |                          |   |
| Tampa, FI 33679                        |  |   |                          |   |
|  | (  | City/ State and Zip Co  | ode)                     |   |
| nancyblunk@yahoo.com                   |  |   |                          |   |
| E-1                                    | nail address: (to be used                        | for future annual repor   | 1 notification           | n)  |
| For further information conce          | ming this matter, please o                       | eall:   |                          |   |
| Nancy Blunk                            |  | 8<br>at   | 313                      | 966 1496  |
| (I                                     | Name of Contact Person)                          | (4  | Area Code)               | (Daytime Telephone Number)                                  |
| Enclosed is a check for the fol        | lowing amount made pay                           | able to the Florida De  | partment of              | State:  |
| ■ \$35 Filing Fee                      | □\$43.75 Filing Fee & 【<br>Certificate of Status | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | Certif<br>Certif         | 0 Filing Fee Teate of Status Ted Copy Itional Copy is Osed) |
| <u>Mailing Ad</u><br>Amendment         | <del></del>                                      |   | t Address<br>adment Sect | ion   |

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

## FILED

Quilters Workshop of Tampa Bay

2018 AUG 30 PM 1: 01

| (Name of Corporation as  | currently filed with the Fl           | orida ISEC NESTATE                          |
|--|---------------------------------------|---|
| N07809   |                                       | TALLAHASSEE. FL                             |
| (Document  | Number of Corporation (if             | known)                                      |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:   | Statutes, this Florida Not I          | For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the con   | rporation:                            |   |
|  |                                       | The new                                     |
| name must be distinguishable and contain the word "co<br>"Company" or "Co." may not be used in the name. | orporation" or "incorporat            | ed" or the abbreviation "Corp." or "Inc."   |
| B. Enter new principal office address, if applicable:  |                                       |   |
| (Principal office address <u>MUST BE A STREET ADD</u>  | <u>RESS</u> )                         |   |
|  |                                       |   |
|  |                                       |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX                   | <u> </u>                              |   |
|  |                                       |   |
|  | -                                     |   |
|  | <del></del>                           |   |
| D. If amending the registered agent and/or registere   |                                       | a, enter the name of the                    |
| new registered agent and/or the new registered of  | office address:                       |   |
| Name of New Registered Agent:  | · · · · · · · · · · · · · · · · · · · |   |
|  |                                       |   |
| <del></del>  |                                       | Florida street address)                     |
| New Registered Office Address:   |                                       |   |
|  |                                       | , Florida<br>(Zip Code)                     |
|  | (City)                                | (Zip Code)                                  |
| New Registered Agent's Signature, if changing Regi   | stered Agent:                         |   |
| l hereby accept the appointment as registered agent.   | l am familiar with and acce           | pt the obligations of the position.         |
|  |                                       |   |
|  | Signature of Van. D.                  | istarad Arant if changing                   |
|  | — – signature oj New Keg              | istered 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.

| X Change X Remove X Add       | <u>V</u> <u>Mi</u> | nn Doe<br>ke Jones<br>lly Smith |                   |
|-------------------------------|--------------------|---------------------------------|-------------------|
| Type of Action<br>(Check One) | <u>Title</u>       | <u>Name</u>                     | <u>Addres</u> s   |
| 1) Change                     | <u>P</u>           | Rebecca McMurrey                |                   |
| Add X Remove                  |                    |                                 |                   |
| 2) Change                     | Р                  | Kathy Kessler                   | 7617 PALMBROOK DR |
| X Add                         |                    |                                 | TAMPA FL 33756    |
| Remove 3) Change              | v                  | CHMIEL, MILLIE                  |                   |
| Add X Remove                  |                    |                                 |                   |
| 4) Change                     | <u>V</u>           | IRENE MILLER                    |                   |
| X Add Remove                  |                    |                                 | Tampa, Fl 33629   |
| 5)Change                      | <u>s</u>           | Koesis, Annette                 |                   |
| Add X Remove                  |                    |                                 |                   |
| 6) Change                     | <u>S</u>           | JOE ELLEN ROWE                  | 4110 W Swann Ave  |
| XAdd                          |                    |                                 | Tampa, FI 33609   |
| Remove                        |                    |                                 |                   |

| E. If amending or adding additional Article (attach additional sheets, if necessary). | (Be specific) |          |   |  |
|---|---------------|----------|---|--|
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| The date of each amendment(s) adoption:  | ıc |
|--|----|
| Effective date if applicable:  |    |
| (no more than 90 days after amendment file date)   |    |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |    |
| Adoption of Amendment(s) (CHECK ONE)   |    |
| The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.   |    |
| Dated  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)   |    |
| (Typed or printed name of person signing)  |    |
| (Title of person signing)  |    |