## N08000009754

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CO	RPORATION: G-STAR ARTS	AND EDUCATION FOU	NDATION, ING
DOCUMENT !	NUMBER: <u>N08000009754</u>		·
The enclosed A	rticles of Amendment and fee are submi	tted for filing.	
Please return all	correspondence concerning this matter	to the following:	,
<u>-</u>		S. THOMAS	
	(Name of Co	ontact Person)	
. : -	(Firm/ C	Company)	
-		ROĀD, BLDG J	
	, ,	dress)	•
-		IGS, FL 33406 and Zip Code)	4
_		mas@comcast.net or future annual report notificatio	n)
For further infor	rmation concerning this matter, please c	all:	·
Pamela Stark	k Thomas	at ( 561 ) 351-5012	· 
(1	Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a ch	eck for the following amount made pay	able to the Florida Department of	State:
□\$35 Filing Fe	ee ☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☑ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci	•

Tallahassee, FL 32301

FILED **Articles of Amendment** 

to **Articles of Incorporation** 

2011 JUL 25 PM 1: 01

of

## SECRETARY OF STATE G-STAR ARTS AND EDUCATION FOUNDATION HINESER FOR HATED

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

	N080000097	754				
<del>/=</del>			44.04	4		-

(Document Number of Corporation (if known)

he following amendment(s) to its Articles of	
A. If amending name, enter the new name	of the corporation:
NATIONAL	L ARTS INSTITUTE, INC.
he new name must be distinguishable and bbreviation "Corp." or "Inc." <u>"Company</u> "	d contain the word "corporation" or "incorporated" or the or "Co," may not be used in the name.
Enter new principal office address, if a	pplicable:
Principal office address <u>MUST BE A STRI</u>	EET ADDRESS)
· · · · ·	•
. Enter new mailing address, if applicat	
(Mailing address <u>MAY BE A POST OF</u>	FICE BUX)
. If amending the registered agent and/o	or registered office address in Florida, enter the name of the
new registered agent and/or the new re	
Name of New Registered Agent:	PAMELA S. THOMAS
7	2065 PRAIRIE ROAD, BLOG J
New Registered Office Address:	(Florida street address)
	PALM SPRINGS Florida 33406
••	PALM SPRINGS , Florida 33406 (City) (Zip Code)
lew Registered Agent's Signature, if chan	nging Degistered Agents
hereby accept the appointment as registe	
osition.	
(.	Jamela Atarb Thursday
2	

Signature of New Registered Agent, if changing

T.

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)

₩.

<u>Title</u>	<u>Name</u>	Address	Type of Action
VCTD	GREGORY HAUPTNER	2065 PRAIRIE ROAD BLDG J PALM SPRINGS, FL 33406	☐ Add ☐ Remove
CPD	KENNETH OHRSTROM	150 CHILEAN AVE PALM BEACH, FL 33480	
E. If amend	ding or adding additional Articles, ending or adding additional Articles, ending additional sheets, if necessary). (Be s	nter change(s) here: pecific)	
· · · ·	, 1		·
		*	
			t Confedence
<del>-</del>			*
	• •		·
			<u> </u>
			*
	**		

	•	•
he date of each amendmen	t(s) adoption: JULY 10, 2011	<u> </u>
Effective date <u>if applicable</u> :	(date of adoption is requ	uired)
***************************************	(no more than 90 days after amena	lment file date)
	(OVER OLIV)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number or oval.	of votes cast for the amendment(s)
There are no members or adopted by the board of di	members entitled to vote on the amendment(s	s). The amendment(s) was/were
Dated	1/18/11 Vermett Othal	10m
ha	y the chairman or vice chairman of the board, we not been selected, by an incorporator — if her court appointed fiduciary by that fiduciary	in the hands of a receiver, trustee,
	KENNET <b>H OHRSTF</b>	SOM
	(Typed or printed name of personal control of the c	
	CHAIRMAN/PRESID	ENT
	(Title of person signing)	)

Page 3 of 3