

140800009754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

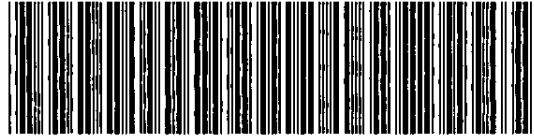
(Business Entity Name)

(Document Number)

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2012 OCT 17 PM 12:54  
MILWAUKEE REGISTRY

Amended  
10/19/12

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: NATIONAL ARTS INSTITUTE, INCORPORATED

DOCUMENT NUMBER: N0800009754; EIN 263536095

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

Please return all correspondence concerning this matter to the following:

Pamela Stark Thomas

(Name of Contact Person)

NATIONAL ARTS INSTITUTE, INCORPORATED

(Firm/ Company)

P.O. BOX 2457, 411 SOUTH COUNTY ROAD

(Address)

PALM BEACH, FLORIDA 33480

(City/ State and Zip Code)

PAMELASTARKTHOMAS@NATIONALPARTSINSTITUTE.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAMELA STARK THOMAS at 561 351-5012

(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 checked="" 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2012

PAMELA STARK THOMAS  
NATIONAL ARTS INSTITUTE, INCORPORATED  
POST OFFICE BOX 2457  
PALM BEACH, FL 33480

SUBJECT: NATIONAL ARTS INSTITUTE, INC.  
Ref. Number: N08000009754

We have received your document for NATIONAL ARTS INSTITUTE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Bylaws are not filed with this office. Please retain them for your records.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 912A00024791

RECEIVED

12 OCT 17 AM 9:55

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

**NATIONAL ARTS INSTITUTE, INCORPORATED**

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

**NATIONAL ARTS INSTITUTE, INCORPORATED**

(Document Number of Corporation (if known))

FILED  
2012 OCT 17 PM 12:54  
CLERK OF COURT  
JULIA A. BROWN, CLERK  
JULIA A. BROWN, CLERK

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:**

*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**)

**411 SOUTH COUNTY ROAD  
PALM BEACH, FLORIDA 33480**

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**P.O. BOX 2457  
PALM BEACH, FLORIDA 33480**

**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:* **ANTHONY MARINO**

**5114 OKEECHOBEE BLVD., STE. 104**

(Florida street address)

*New Registered Office Address:*

**WEST PALM BEACH**, Florida **33480**  
(City) (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.*

*Anthony Marino*  
Signature of New Registered Agent, if changing

If amehding 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>DIRECTOR</u>	<u>GREGORY HAUPTNER</u>	<u>2065 Prairie Road, West Palm Beach, FL 33406</u>
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>Director</u>	<u>Pamela Stark Thomas</u>	<u>P.O Box 2464, 411 South County Rd , Palm Beach, FL 33480</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

The date of each amendment(s) adoption: September 29, 2012

Effective date if applicable: SAME  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ 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

9.25-12 gives this amendment(s) adopted and approved by sufficient number of voters. Trustee action.

Signature

Pamela Stark Thomas

(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)

Pamela Stark Thomas

(Typed or printed name of person signing)

President

(Title of person signing)