

ND8000010807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

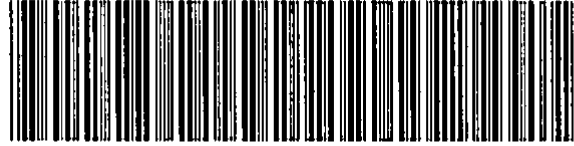
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Musical Echoes Flute Festival Inc  
Name of Corporation

DOCUMENT NUMBER: NO8000010809

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pamela Fisher  
Name of Contact Person

Musical Echoes  
Firm/Company

139 Miracle Strip Pkwy SE  
Address

Ft. Walton Bch, FL 32548  
City/State and Zip Code

pamfisher135@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Fisher at (850) 281-6352  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$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 Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Musical Echoes Flute Festival Inc.

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

N08000010809

(Document Number of Corporation (if known))

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:

1. 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.

2. Enter new principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS

3. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4. 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:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

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:

<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>

Type of Action  
(Check One)

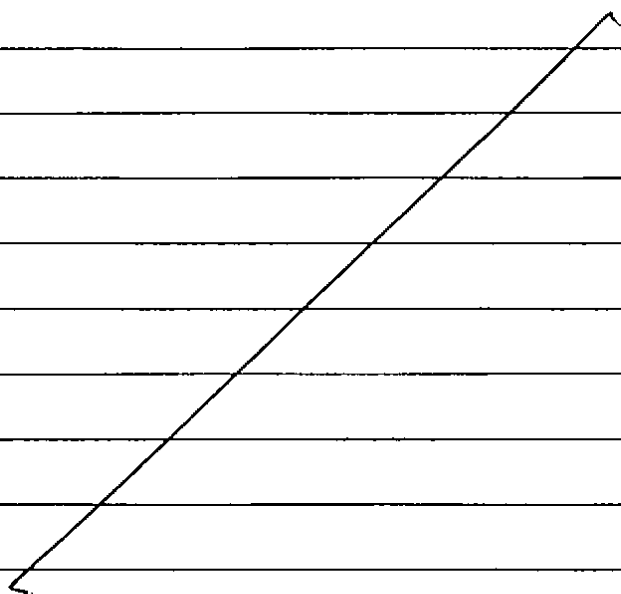
Title

Name

Address

- |  |              |  |  |
|--|--------------|--|--|
| 1) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>Pres</u>  | <u>Tim Pyeatt</u>  | <u>8156 Pinosast.</u><br><u>Navarre, FL</u><br><u>32566</u>                |
| 2) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>VP</u>    | <u>Thomas L Chavers</u>  | <u>263 Echo Circle</u><br><u>Ft. Walton Bch, FL</u><br><u>32548</u>        |
| 3) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>Sec</u>   | <u>Tisha Maraj</u>   | <u>139 Miracle Strip Pkwy</u><br><u>Ft. Walton Bch, FL</u><br><u>32548</u> |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>Pres.</u> | <u>David Baxter</u><br><u>(Resigned position)</u><br><u>of President</u> |  |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | <u>Treas</u> | <u>remains Pamela Fisher</u>   |  |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |              |  |  |

2. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)



the date of each amendment(s) adoption: June 12, 2017, if other than the date this document was signed.

Effective date if applicable: June 12, 2017  
(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 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 June 12, 2017

Signature Pamela Fisher

(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)

Treasurer and Registered Agent  
(Typed or printed name of person signing)

Pamela Fisher

(Title of person signing)