

N09000003736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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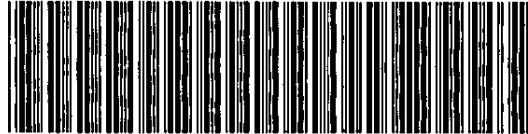
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2015

RITA ARRINGTON
BLUE CRAB FESTIVAL, INC.
100 SEMINOLE CIRCLE
SAN MATEO, FL 32187

SUBJECT: BLUE CRAB FESTIVAL, INC.
Ref. Number: N09000003736

5-15-15
Please see
the attached.
Thank
you

We have received your document 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):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 515A00008888

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15 MAY 21 AM 4:52
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BLUE CRAB FESTIVAL, INC.

DOCUMENT NUMBER: CC8185045975

NO9000003 736

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

Please return all correspondence concerning this matter to the following:

RITA ARRINGTON

(Name of Contact Person)

Z BLUE CRAB FESTIVAL

(Firm/ Company)

100 SEMINOLE CIRCLE

(Address)

SAN MATEO, FL 32187

(City/ State and Zip Code)

FINS312@YAHOO.COM

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

For further information concerning this matter, please call:

Rita Arrington

RITA ARRINGTON

(Name of Contact Person)

at (386) 937-1094

(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 &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

FILED
15 MAY 21 AM 4:52
S.C. SECRETARY OF STATE

Articles of Amendment
to
Articles of Incorporation
of

BLUE CRAB FESTIVAL, INC.

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

CC8185045975

ND9000003736

(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:

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

(Florida street address)

New Registered Office Address:

_____, Florida _____
(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.

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>PRESIDENT</u>	<u>CARLA J MORRIS</u>	<u>P.O. BOX 1351</u>
<input type="checkbox"/> Add			<u>PALATKA, FL 32178</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>PRESIDENT</u>	<u>BUDDY THOMPSON</u>	<u>P.O. BOX 798</u>
<input checked="" type="checkbox"/> Add			<u>MELROSE, FL 32666</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VP</u>	<u>BUDDY THOMPSON</u>	<u>P.O. BOX 798</u>
<input type="checkbox"/> Add			<u>MELROSE, FL 32666</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>VP</u>	<u>SUSAN RENEE VAUGHN</u>	<u>P.O. BOX 1351</u>
<input checked="" type="checkbox"/> Add			<u>PALATKA, FL 32178</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>SEC</u>	<u>SUSAN REVAUGHN</u>	<u>P.O. BOX 1351</u>
<input type="checkbox"/> Add			<u>PALATKA, FL 32178</u>
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>SEC</u>	<u>PAMELA M. PARRISH</u>	<u>P.O. BOX 1351</u>
<input checked="" type="checkbox"/> Add			<u>PALATKA, FL 32178</u>
<input type="checkbox"/> Remove			

see next page

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>TREASURER</u>	<u>SHERI L BRIDSON</u>	<u>CORRECTING SPELLING P.O. BOX 1351</u>
<input type="checkbox"/> Add			<u>PALATKA, FL 32178</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>DIR</u>	<u>PAMELA M PARRISH</u>	<u>P.O. BOX 1351</u>
<input type="checkbox"/> Add			<u>PALATKA, FL 32178</u>
<input checked="" type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>DIR</u>	<u>WILLIAM L PARKER</u>	<u>FIXING SPELLING P.O. BOX 1351</u>
<input type="checkbox"/> Add			<u>PALATKA, FL 32178</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>DIR</u>	<u>CHIP LAIBL</u>	<u>P.O. BOX 1351</u>
<input checked="" type="checkbox"/> Add			<u>PALATKA, FL 32178</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>DIR</u>	<u>CARLA JAYNE MORRIS</u>	<u>P.O. BOX 1351</u>
<input checked="" type="checkbox"/> Add			<u>PALATKA, FL 32178</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

Blue Crab Festival, Inc.

~~CC8185045975~~ NO 9000003736

4-17-15

The change forms are a little confusing so to help make sure everything is correct below is the list as it should be based on our last board meeting.

President	Buddy Thompson
Vice President	Susan Renee Vaughn
Secretary	Pamela M. Parrish
Treasurer	Sheri Lynn Bridson
Director	Charles E. Alford
Director	Chip Laibl
Director	Samuel W Parrish
Director	Carla Jayne Morris

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 4-17-15
Signature S. Renee Vaughn

(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)

SUSAN RENEE VAUGHN

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)