

N1100000 1503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

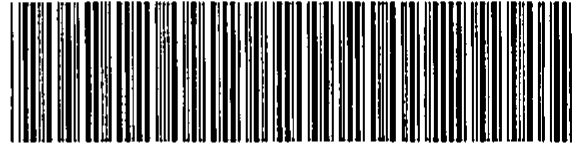
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 07 2019

FILED
19 MAR -7 PM 4:00
MAR 07 2019

Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2019

RIO CAMPBELL
MORADA WAY ARTS & CULTURAL DISTRICT, INC
151 MORADA WAY
ISLAMORADA, FL 33036

SUBJECT: MORADA WAY ARTS & CULTURAL DISTRICT, INC.
Ref. Number: N11000001503

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 document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

IF YOU ARE ADDING ANDREA JOHANSSON AS AN OFFICER/DIRECTOR,
PLEASE CHECK THE ACTION TYPE ADD.

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

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

Susan Tallent
Regulatory Specialist II

Letter Number: 719A00003154

RECEIVED

2019 MAR -7 AM 11:46

CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MORADA WAY ARTS + CULTURAL DISTRICT

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

RIONA CAMPBELL

(Name of Contact Person)

MORADA WAY ARTS + CULTURAL DISTRICT

(Firm/ Company)

151 MORADA WAY,

(Address)

ISLAMORADA, FLORIDA 33036

(City/ State and Zip Code)

INFO@MORADAWAY.ORG

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

✓

For further information concerning this matter, please call:

RIONA CAMPBELL

(Name of Contact Person)

at 305 6903564

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input 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

Articles of Amendment
to
Articles of Incorporation
of

MORADA WAY ARTS + CULTURAL DISTRICT, Inc.

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

(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: RIONA CAMPBELL

151 MORADA WAY, ISLAMORADA

(Florida street address) FL 33036

New Registered Office Address:

Islamorada, Florida 33036

(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.

RCampbell

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.

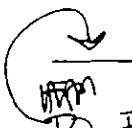
Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, 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>
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- 1) ☐ Change
☒ Add
☒ Remove



ANDREA JOHANSSON 151 morada way
Islamorada, FL
33036

TO BOARD member
(more on pg 3)
- 2) ☐ Change
☒ Add
☐ Remove

executive
DIRECTOR RIONA CAMPBELL 151 morada way
Islamorada, FL
33036

TITLE:
- 3) ☐ Change
☐ Add
☒ Remove

DIRECTOR ANDERS URBOM 151 morada way
Islamorada, FL
33036
- 4) ☐ Change
☐ Add
☒ Remove

treasurer JAMES BERNARDIN 151 morada way
(JIM) Islamorada, FL
33036
- 5) ☐ Change
☐ Add
☒ Remove

BOARD
member GAIL MOSS 151 morada way
Islamorada, FL
33036
- 6) ☐ Change
☐ Add
☐ Remove

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

ANDREA JOHANSSON is CURRENTLY LISTED
AS THE REGISTERED AGENT. WE WOULD LIKE TO
LIST RIONA CAMPBELL AS THE NEW AND SOLE
REGISTERED AGENT. ANDREA JOHANSSON SHOULD
BE LISTED AS A BOARD MEMBER. THANK YOU!

The date of each amendment(s) adoption: 1 FEBRUARY 2019, if other than the date this document was signed.

Effective date if applicable: 1 FEBRUARY 2019
(no more than 90 days after amendment file date)

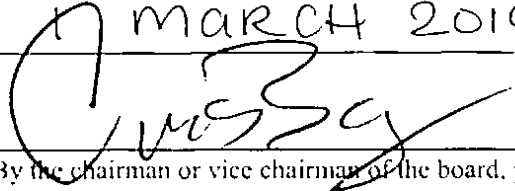
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 17 MARCH 2019

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)

CRAIG MCBAIN

(Typed or printed name of person signing)

CHAIRMAN

(Title of person signing)