## N110000004828

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Document Number)
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MAY 27 2014 EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2014

CATHERINE BRYAN / EMERGE INC 2400 EXECUTIVE PLAZA RD. PENSACOLA, FL 32504 US

SUBJECT: ESCAPE COMMUNITY ART CENTER INC.

Ref. Number: N11000004828

We have received your document for ESCAPE COMMUNITY ART CENTER INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your corporate name is unavailable. Chapter 607.0401(4), Florida Statutes states corporate names "must be distinguishable from the names of all other entities or filings organized or registered under the laws of this state, which names are on file with the Division."

The document number of the name conflict is F14000000265.

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.

Carolyn Lewis Regulatory Specialist II

Letter Number: 114A00009758

## **COVER LETTER**

**TO:** Amendment Section , Division of Corporations

NAME OF CORPORATION: Escape C	Community A	Art Center, Inc.
DOCUMENT NUMBER: N11000004	828	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Catherine Bryan		
	(Name of Contact Persor	))
	(Firm/ Company)	
2400 Executive Plaza Re	oad	
	(Address)	
Pensacola, FL 32504		
	(City/ State and Zip Code	e)
dkcbryan@gmail.		
E-mail address: (to be used For further information concerning this matter, please	,	iouncation)
Catherine Bryan	<sub>at (</sub> 601	331-2379
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of State:
\$35 Filing Fee \$\text{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	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of



14 MAY 23 AM 8: 50

Escape Community Art C	enter, inc.		SECRETARY OF A PART
(Name of Corporation as currently	y filed with the Flo	rida Dept. of State)	TALLAHASSEE, EL ORI
N11000004828			
(Docu	ment Number of Co	orporation (if known)	······
cursuant to the provisions of section 617.1 mendment(s) to its Articles of Incorporati		s, this <i>Florida Not For Profit Corp</i>	oration adopts the following
. If amending name, enter the new name	me of the corporati	ion:	
Emerge Pensacola, Inc.			The new
name must be distinguishable and contain 'Company" or "Co." may not be used in		tion" or "incorporated" or the abb	
3. Enter new principal office address, i	f applicable:	2400 Executive Plaz	a Road
(Principal office address MUST BE A STREET ADDRESS)		Pensacola, FL 3250	4
C. Foton sour mailing address (f. s. 1):	-kl-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2400 Executive Plaz	a Road
· · · · · · · · · · · · · · · · · · ·		Pensacola, FL 3250	4
<ol> <li>If amending the registered agent and new registered agent and/or the new</li> </ol>			me of the
Name of New Registered Agent:	Catherine Bryan		_
,	2400 Execu	utive Plaza Road	
New Registered Office Address:		(Florida street address)	_
	Pensacola	Florid	<sub>a</sub> 32504
(City)		(Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	red agent. I am fai	Agent: miliar with and accept the obligation  Registered Agent, if changing	ns of the position. —

Page 1 of 4

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 <math>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: X Change X Remove X Add	<u>V Mik</u>	n <u>Doe</u> te Jones ty Smith		
Type of Action (Check One)	<u>Title</u>	Name		Address
1)	<u>P</u>	Catherine	·Bryan	13500. Sardykey Or. Junit 112W Pensacola FL32507
2)	丁	Amy Jir	1 <del>4</del> 2	10733 Bridge Creek Dr Fensacoka FL
Remove 3) Change Add	<u>C</u>	Beberas	bathre _	3250le 3591 Molaree Dr. Pensacola FL 32503
Remove 4)	<u>S</u>	Libby Br	ight _	1715 East Jackson St. Pensacola FL 32501
5) Change Add Remove	<del></del>			
6) Change Add Remove				

E. <u>If ame</u> (a <i>ttach</i>	nending or adding additional Articles hadditional sheets, if necessary).	es, enter chan Be specific)	nge(s) here:			
N	A			· · · · · · · · · · · · · · · · · · ·		<del> </del>
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		···*··				
					<del></del>	<del> </del>

	WA	APPROVI AND OUTB	the above above above
The date of each amendment(s) date this document was signed.	adoption:		, if other than the
Effective date if applicable:	UIA .	14 MAY 23 AM 8: 50	·
	(no more than 90 day	SEURLIAM SSELLELORIUM TALLAHASSELLELORIUM	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were was/were sufficient for appr		the number of votes east for the amendment(s)	
There are no members or m adopted by the board of directions.		umendment(s). The amendment(s) was/were	
Dated A	24/14	<del></del>	
Signature (By the c	hairman or vice chairman of the	e board, president or other officer-if directors	
have not	_	tor - if in the hands of a receiver, trustee, or	
Carr	erine Bryan		
Presi	(Typed or printed name of	person signing)	
	(Title of person:	signing)	