N130003616

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:
N13000003616 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LAUREN CHARLES
(Name of Contact Person)
ACCOUNTABLE FINANCIAL SERVICES GROUP, INC
(Firm/ Company)
625 SE 10TH STREET SUITE 2
(Address)
DEERFIELD BEACH FL 33441
(City/ State and Zip Code)
LCHARLES@AFSGCONSULTING.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LAUREN CHARLES 954-933-1558
(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:
\$35 Filing Fee \$\begin{array}{c} \$\\$43.75 Filing Fee & \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\

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

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THE WICK THEATRE & COSTUME MUSEUM, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N13000003616 (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: 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: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	P D	MARILYNN A WICK	7100 NE 8TH DRIVE
Add			BOCA RATON, FL 33487
Remove			
2) X Change	V D	KIMBERLY WICK	264 SW 7TH TERRACE
Add			BOCA RATON, FL 33486
Remove			 -
3) X Change	STD	KELLY KIGAR	801 SW 5TH STREET
Add			BOCA RATON, FL 33486
Remove			
4) X Change	D	LAUREN CHARLES	381 POTTER ROAD
Add			WEST PALM BEACH, FL 33405
Remove			
5) X Change	D	JADENE DEEMS	770 SE 2ND AVENUE #B112
Add			DEERFIELD BEACH, FL 33441
Remove			
6) Change			
		···	
Add			
Remove			

E.	E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)							
	(attach additional sheets, if necessary).	(Be specific)						
N/	A							
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	date of each amendmen this document was signed		, if other than the
	ective date <u>if applicable</u> :	06/01/2015	
		(no more than 90 days after amendment file date)	
		nis block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amapproval.	endment(s)
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) directors.	was/were
	06/01 Dated	/2015	
	Signature	ill le win	
	have	e chairman or vice chairman of the board, president or other officer-into been selected, by an incorporator — if in the hands of a receiver, to court appointed fiduciary by that fiduciary)	
	M	ARILYNN A WICK	
		(Typed or printed name of person signing)	
	PF	ESIDENT	
	_	(Title of person signing)	