

N15000007487

(Requestor's Name)

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(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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FILED  
CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATION  
2016 NOV -4 AM 11:59

Nov. 8, 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2016

INNA MAOR / ARTS 4 ALL, INC  
8679 STIRLING RD  
COOPER CITY, FL 33328-5902 US

SUBJECT: ARTS 4 ALL, INC  
Ref. Number: N15000007487

We have received your document for ARTS 4 ALL, 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):

The amendment must be adopted in one of the following manners:

**(1)If an amendment was approved by the shareholders, one of the following statements must be contained in the document.**

(a)A statement that the number of votes cast for the amendment by the shareholders was sufficient for approval, -or-

(b)If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

**(2)If an amendment was adopted by the incorporators or board of directors without shareholder action.**

(a)A statement that the amendment was adopted by either the incorporators or board of directors and that shareholder action was not required.

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

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: 416A00022186

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Arts 4 All. inc

DOCUMENT NUMBER: N 15000007487

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

Please return all correspondence concerning this matter to the following:

Inna Maor

(Name of Contact Person)

Arts 4 All. inc

(Firm/ Company)

8679 Stirling rd

(Address)

Cooper City, FL 33328-5902

(City/ State and Zip Code)

inna@innashalloffame.com

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

For further information concerning this matter, please call:

Inna Maor

(Name of Contact Person)

954-391-0996

(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Arts 4 All. inc

2016 NOV -4 AM 11:59

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

N 15000007487

(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)

8679 Stirling rd.  
Cooper City FL 33328-5902

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

8679 Stirling rd  
Cooper City FL 33328-5902

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:

Inna Maor

8679 Stirling rd.

(Florida street address)

New Registered Office Address:

Cooper City

(City)

Florida 33328-5902  
(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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

1) ☐ Change

Marketing Stina Pettersson 321 SW 100th Terr.  
Pembroke Pines 33328

☐ Add

☒ Remove

2) ☐ Change

Director Chien, Chia L. 2465 Monroe St  
Hollywood, FL 33020

☒ Add

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

The date of each amendment(s) adoption: \_\_\_\_\_  
date this document was signed.

October 1, 2016

, if other than the

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2016 NOV -4 AM 11:59

**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

October 1, 2016

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)

Inna Maor

(Typed or printed name of person signing)

PSTD

(Title of person signing)

N15000007487