N15000010008

(Ře	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
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SECRETARY OF STATE
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brund

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Springtime Tallah	assee Festival, Inc.		
DOCUMENT NUM	BER: N15000010008			
	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	itter to the following:		
	Jennifer Shafer			
		Name of Contact Persor	L	
	Springtime Tallahassee Festival, Inc.			
		Firm/ Company		
	501E Tennessee Street, Ste 2	١		
		Address		
	Tallahassee, FL 32308			
		City/ State and Zip Code	<u> </u>	
direc	tor@springtimetallahassee.co:	ın		
	9. •	sed for future annual report	notification)	
	17 mar andress. (vo oc a.	sea to ratare amain report	Total Control of the	
For further informatio	n concerning this matter, pleas	se call:		
Jennifer Shafer		850 at (224-5012 de & Daytime Telephone Number	
Name	of Contact Person	Area Code & Daytime Telephone Numbe		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:	
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Triment of State: \$\Bigsis \text{\$52.50 Filing Fee} \text{\$78} \t	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clitton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Springtime Tallahassee Festival, Inc.				
(Name of Corporatio	on as currently	filed with the Flo	rida Dept. of State)	
N15000010008				
(Docu	iment Number o	f Corporation (if k	nown)	
Pursuant to the povisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, tl	nis <i>Florida Not Fe</i>	or Profit Corporation adopts th	ne following
A. If amending name, enter the new name of th	ne corporation:			
				The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nan	•	" or "incorporated	I" or the abbreviation "Corp.	"or "Inc."
3. <u>Enter new principal office address, if applications of application of the ASTREET </u>				
	_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE				
				0.00 0.00
. If amending the registered agent and/or reginew registered agent and/or the new register			enter the name of the	# 25
Name of New Registered Agent:	Jennifer Shafe	er		5 K
<u> </u>	501 E. Tennes	ssee Street, Ste A	Tallahassee, FL 32308	22 22 23 24 25
New Registered Office Address	;	(F	lorida street address)	
		City)	, Florida (Zip Code)	
ew Registered Agent's Signature, if changing I hereby accept the appointment as registered ager	Register <mark>e</mark> d Age nt. – Lam familio	nt: ir with and accept	the obligations of the position	
_	•		tered Agent, if changing	
	() Signal	hile of New Relgis.	tered 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; CEQ = 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	<u>V</u> <u>Mii</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	DP	Melder, Mike	501 E. Tennessee Street, Suite A
Add			Tallahassee, FL 32308
Remove			
2) X Change	TD	Jarrett, Joel	501 E. Tennessee Street, Suite A
Add			Tallahassee, FL 32308
Remove			
3) X Change	SD	Fulton, Samantha	501 E. Tennessee Street, Suite A
Add			Tallahassee, FL 32308
Remove			
4) X Change	S	Scaringe, Becky	501 E. Tennessee Street, Suite A
Add			Tallahassee, F1, 32308
Remove			
<i>5)</i> Change			
Add			
Remove			
A) Channe			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
					<u>-</u>
					
					_
		·		 .	··
			<u>-</u>		
					*
					·

	July 1, 2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	dy 1, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	The more than 20 days differ uncomment the date?	
Note: If the date inserted in this bedocument's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were was/were sufficient for appro-	adopted by the members and the number of votes cast for the amendment(s) aval.	
☐ There are no members or me adopted by the board of dire	mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.	
Dated July 23.1	2018	
Signature	monthe fulton	
have not l	airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or rt appointed fiduciary by that fiduciary)	
Samar	ntha Fulton	
	(Typed or printed name of person signing)	
SD		
	(Title of person signing)	