## N17000 004 194

(Re	equestor's Name)	
(Ac	ddress)	
(Ác	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Dx	ocument Number)	)
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		i i

Office Use Only



800333521498

09/03/19--01012--020 \*\*85.00

2015 - 2 FJ 12: 54

Amend

SEP 1 2019

LALDRUTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

•

NAME OF CORPORATION	Dillard Center for the DN:	Arts Foundation Inc		
DOCUMENT NUMBER: .	N17000004194			
The enclosed Articles of Am	endment and fee are subn	nitted for filing.		
Please return all corresponde	nce concerning this matte	r to the following:		
Kyle R Harris				
		(Name of Contact Pers	on)	
Dillard Center for the Arts F	oundation, Inc			
		(Firm/ Company)		
P.O. Box 9724				
		(Address)		
Ft. Lauderdale, FL 33310				
		(City/ State and Zip Co	ode)	
dillardarts@gmail.com				
E	-mail address: (to be used	for future annual repor	t notification	)
For further information conc	eming this matter, please	call:		
Kyle Butler Harris		7 ai	81	308-1379
	(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida De	partment of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee icate of Status ied Copy is iconal Copy is issed)
Mailing A	ddress	Stree	t Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallabarran, Et. 23211

Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Dillard Center for the Arts Foundation, Inc.

(Name of Corporation as ca	currently filed with the Florida Dept. of State)	
N17000004194	,	
(Document N	Number of Corporation (if known)	<u>-</u>
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the f	following
A. If amending name, enter the new name of the corp	poration:	
		The new
name must he distinguishable and contain the word "cor <u>"Company" or "Co." may not be used in the name</u> .	orporation" or "incorporated" or the abbreviation "Corp." o	r "Inc."
_		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR		
		<u>.</u>
		53
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	0	
		,
		<u>iż</u>
D. If amending the registered agent and/or registered	ed office address in Florida, enter the name of the	12.12.24
new registered agent and/or the new registered of		
Name of New Registered Agent:		
<del></del>	(Florida street address)	<del></del> -
New Registered Office Address:		
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Regist	stered Agent:	
	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		Doe e Jones	
X Add	SV Sally	/ Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
(Chack She)			New acdiss
1) X Change	P 	Kyle R Harris	6733 SW 40th Street
Add			Davie, FL 33314
Remove			
2) Change	V	Deborah J Coleman	5055 NW 96th Way
Add		Resug	nce Coral Springs, FL 33076
x Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Ch			
6) Change		<del></del>	
Add			
Remove			

If amending or adding (attach additional sheets	i, if necessary). (	Be specific)				
			_			
			·			
					· · · · · · · · · · · · · · · · · · ·	
		<del></del>	· · · · · ·		<del> </del>	
					<del>, ,</del>	
				<u>-</u> .	<del> </del>	
				·		
		· · · · · · · · · · · · · · · · · · ·				
					<del></del>	<del></del>
				<del> </del>		
		<del></del>				
		<u> </u>				
				·		
		<u> </u>				•
			<del>.</del>			
			<del> </del>			
· · · · · · · · · · · · · · · · · · ·					<del> </del>	

	each amendment(s) adoption:ument was signed.	, if other than th
Effective	ite if applicable:	
	(no more than 90 days after amendment file date)	
	date inserted in this block does not meet the applicable statutory filing requirements, this date will effective date on the Department of State's records.	not be listed as the
Adoption	f Amendment(s) (CHECK ONE)	
	nendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) re sufficient for approval.	
	are no members or members entitled to vote on the amendment(s). The amendment(s) was/were d by the board of directors.	
	Dated August 26, 2019	
	Signature HWA BUT	
	(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)	<del></del>
	Kyle R Harris	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

. . . .