N17000005051

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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

	•	COVERCETT	LIX			
TO: Amendment Section Division of Corporations	•				" :;" Pait dec 29	. '3
Division of Corporations				•	117 DEC 20	
NAME OF CORPORATION:	Heart for Arts Center		-			AK 🤧
N11.7/	200005061					
DOCUMENT NUMBER:	00005081					
The enclosed Articles of Amenda	nent and fee are subm	nitted for filing.				
Please return all correspondence	concerning this matte	er to the following:				
Natasha Defrand- Petit						
		(Name of Contact F	Person)	· · · · · · · · · · · · · · · · · · ·		
Heart for Arts Center. Inc						
	••	(Firm/ Compar	y)			
P.O Box 8616						
		(Address)				
Ft. Lauderdale, FL 33310						
		(City/ State and Zip	Code)			
heartforartsllc@gmail.com						
E-mai	l address: (to be used	for future annual re	port notification	n)		
For further information concerning	ng this matter, please	call:				
Natasha Defrand-Petit		_	954	258-4925		
(Nai	ne of Contact Person	a)	(Area Code)	(Daytime Telephor	e Number)	-
Enclosed is a check for the follow	ving amount made pa	yable to the Florida	Department of	State:		
■ \$35 Filing Fee	\$43.75 Filing Fee &	□\$43.75 Filing Fee	e & □\$52.5	0 Filing Fee		
	Certificate of Status	Certified Copy	Certif	ficate of Status		
		(Additional copy		fied Copy		
		enclosed)		itional Copy is osed)		
Mailing Addr	P55	S	treet Address			
Amendment Se			mendment Sect	ion		

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment Articles of Incorporation

2117 DEC 89 AM \$ 00 Heart for Arts Center, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N17000005081 (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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

, Florida _

(Zip Code)

(City)

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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	Prenes Chevelon	P.O Box 8616
Add			Ft. Lauderdale, FL 33310
X Remove			
2) Change	<u>s</u>	Santia Defrand	P.O Box 8616
X Add			Ft. Lauderdale, FL 33310
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)		
N/A			
	· · · · · · · · · · · · · · · · · · ·		
<u> </u>			
		F-4-78-	

	05/11/2017	
		if other than the
Eff	01/01/2018 ctive date if applicable:	
	(no more than 90 days after amendment file date)	
	: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	listed as the
Ade	ption 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 12/26/2017 Signature	
	(By the chairman of 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)	
	Natasha Defrand-Petit	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	