# N17198

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Amend.
08/24/09
De

#### **COVER LETTER** ·

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Tallahassee A	rea Convention and Vis	sitors Bureau
DOCUMENT NUM	BER: N17198		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
<del></del>	·	anie Reaves	<del></del>
	(Name of	Contact Person)	
	Tallahassee Area Co	onvention & Visitors Bureau	ı
	(Firm	n/ Company)	<del>.</del>
	106 E J	efferson Street	
	(.	Address)	
	Tallahas	see, FL 32301	
		te and Zip Code)	
		sittallahassee.com	ation)
For further information	on concerning this matter, pleas	e call:	
Stephanie Reave	s	at ( 850 ) 606-230	05
<del></del>	of Contact Person)		me Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	t of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
	ng Address	Street Address	, , , , , , , , , , , , , , , , , , , ,
	idment Section ion of Corporations	Amendment Section Division of Corporati	One
	Sox 6327	Clifton Building	OHP
	nassee, FL 32314	2661 Executive Cente	er Circle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation** of

### Tallahassee Area Convention and Visitors Bureau, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

#### N17198

(Document Number of Corporation (if known)

reviation "Corp." or "Inc." <u>"Compan</u>		"corporation" or "in be used in the name.	corporated" or the
Enter new <u>principal office address, if</u> ncipal office address <u>MUST BE A STK</u>			
Enter new mailing address, if applica Mailing address <u>MAY BE A POST OI</u>			
If amending the registered agent and/ new registered agent and/or the new i			nter the name of th
Name of New Registered Agent:			<del>_</del>
		····	
New Registered Office Address:	(Flori	da street address)	

# 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			— <u> </u>
(attach add	Dedication of Assets - Th	es, enter change(s) here: (Be specific) e properties and assets of the of conventions, visitors and	
		s, or assets of the TACVB on	
		e person or individual, or any	
of this TAC	VB. On liquidation or disso	plution, all properties and ass	ets and obligations shall
		anization that operates for the	
	on, visitors and tourism in t		

The date of each amendmen	t(s) adoption: August 18, 2009
Effective date <u>if applicable</u> :	(date of adoption is required) August 18, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_Aug	ust 19, 2009
Signature _	Michelle Personette
hav	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Michelle Personette
	(Typed or printed name of person signing)
	Board Chair
	(Title of person signing)

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