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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	VSA Florida, Inc.					
DOCUMENT NUMBER:	N17967					
The enclosed Articles of An	nendment and fee are subn	nitted for filing.				
Please return all correspond	ence concerning this matte	r to the following	<b>;</b> :			
Jan Beals						
· · · · · · · · · · · · · · · · · · ·		(Name of Contac	t Person)		<del> </del>	
VSA Florida						
		(Firm/ Comp	any)			
4202 E. Fowler Avenue, ED	)U105					
		(Address	)			<del></del>
Tampa, FL 33620						
		(City/ State and Z	(ip Code			
jkbeals@usf.edu						
5	-mail address: (to be used	for future annual	report no	tification	)	
For further information conc	erning this matter, please of	call;				
Jan Beals			813		382-5263	
	(Name of Contact Person)			Code)	(Daytime Telephone	Number)
Enclosed is a check for the for	ollowing amount made pay	vable to the Florid	ia Departi	ment of S	tate:	
S35 Filing Fee	□\$43.75 Filing Fee & E Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)		Certific Certific	Filing Fee cate of Status cd Copy onal Copy is sed)	

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

VSA Florida, Inc,		
(Name of Corporation as curr	ently filed with the Florid	la Dept. of State)
N17967		
(Document Nur	mber of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ration:	
Arts4All Florida, Inc.		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated"	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	<u> </u>	
	*	7: 8
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
D. If amending the registered agent and/or registered of		•
new registered agent and/or the new registered office	e address:	
Name of New Registered Agent:		<del></del>
	(Flor	ıda street address)
New Registered Office Address:	(,, 15,	and an ool add they
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere	ed Agent:	
hereby accept the appointment as registered agent. I am j	familiar with and accept th	e obligations of the position.
<del></del>	Signature of New Register	and Acant if changing
	Dignature of New Register	ea ngeni, ij 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 Fixecutive 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			_
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			
_	·		
Add			
Remove			

smending or adding additional Artitiach additional sheets, if necessary).	(Be specific)					
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The date of each amen	dment(s) adoption:	, if other than the
date this document was:	signed.	
Effective date if applic	September 1, 2018	
	(no more than 90 days after amendment file date)	
	ed in this block does not meet the applicable statutory filing requirements, this date will not te on the Department of State's records.	t be listed as the
Adoption of Amendme	nt(s) (CHECK ONE)	
The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
There are no membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
Dated Signature	5/8/18/18/18/18/18/18/18/18/18/18/18/18/1	
	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)	
	Katie Molloy	
	(Typed or printed name of person signing)	
	President, Board of Directors	
	(Title of person signing)	