

N180000000862

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(City/State/Zip/Phone #)

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2018 MAR 20 AM 9:52
SOUTH ALABAMA
FEDERAL COURT

Amend/cus

MAR 21 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ULTIMATE ARTS FOUNDATION INC.

DOCUMENT NUMBER: N18000000862

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAYDIAN BOOTHE-MATTHEWS

(Name of Contact Person)

LEAP OFF CONSULTS LLC

(Firm/ Company)

427 GAZETTA WAY

(Address)

WEST PALM BEACH, FL. 33413

(City/ State and Zip Code)

ULTIMATEARTSFOUNDATION@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAYDIAN BOOTHE-MATTHEWS

561

2942299

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|---|---|--|

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

RECEIVED

17 MAR -5 PM 2:09

Articles of Amendment
to
Articles of Incorporation
of

ULTIMATE ARTS FOUNDATION INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N18000000862

(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:

The new 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.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

1101 NW 52ND STREET

SUITE #4

FORT LAUDERDALE, FL. 33309

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

18331 PINES BLVD

SUITE 318

PEMBROKE PINES, FL. 33029

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 Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I 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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	C	CHARLES HIGGINS	2221 SW 67TH AVE
<input type="checkbox"/> Add			MIRAMAR
<input checked="" type="checkbox"/> Remove			FLORIDA 33023
2) <input type="checkbox"/> Change	VC	PETER REID	608 HONEYSUCKLE LANE
<input type="checkbox"/> Add			WESTON
<input checked="" type="checkbox"/> Remove			FLORIDA 33327
3) <input type="checkbox"/> Change	C	KEVIN DAVIS	18331 PINES BLVD #318
<input checked="" type="checkbox"/> Add			PEMBROKE PINES
<input type="checkbox"/> Remove			FLORIDA, 33029
4) <input type="checkbox"/> Change	VC	ONEAL WEST	1101 NW 52ND STREET #4
<input checked="" type="checkbox"/> Add			LAUDERDALE LAKES
<input type="checkbox"/> Remove			FLORIDA, 33309
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

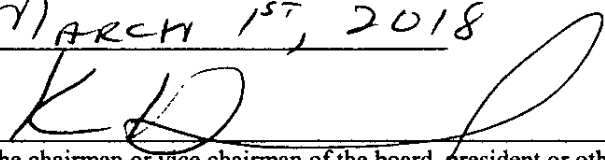
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption 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 MARCH 1ST, 2018

Signature 

(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)

KEVIN DAVIS

(Typed or printed name of person signing)

CHAIRMAN / EXECUTIVE DIRECTOR

(Title of person signing)