N 1800003755

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COVER LETTER

TO: Amendment Section Division of Corporations

	ew Florida Folli	ies, Inc.			
N1800000					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment a	ind fee are subm	itted for filing.			
Please return all correspondence concer-	ming this matter	to the following:			
Trela J. White					
- ,	(Name of Contact	Person)		
The New Florida Follies, Inc.					
		(Firm/ Compa	iny)		
307 Fairway Court					
		(Address)		<u>. </u>	
Atlantis, Florida 33462					
	(City/ State and Zi	p Code)	_	
trela@corbettandwhite.com					
E-mail addre	ess: (to be used t	or future annual (report notifica	ation)	
For further information concerning this	matter, please c	all:			
Trela J. White			•	346-3294	
(Name of 0	Contact Person)		(Area Cod	de) (Daytime Telej	ohone Number)
Enclosed is a check for the following as	mount made pay	able to the Florid	a Department	t of State:	
	Filing Fee & Ecate of Status	3\$43.75 Filing For Certified Copy (Additional copy enclosed)	y is Co (A	52,50 Filing Fee ertificate of Status ertified Copy additional Copy is inclosed)	

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

FILED

2018 AUG 29 PM 4: 27

The New Florida Follies, Inc. SECHETARY OF STATE TALLAHASSEE, FL (Name of Corporation as currently filed with the Florida Dept. of State) N18000003755 (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: PO Box 670487 (Mailing address MAY BE A POST OFFICE BOX) Coral Springs Florida 33067 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: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: N/A _ Florida _ (City) (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.

	hange emove	<u>V</u> <u>Mi</u>	hn Doe ike Jones Ily Smith	
	of Action ck One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) _	Change	D	Ethel H. Beardsworth	
	Add			
X —	Remove			
2)	Change	D	Bonnie Marie Watts	209 Akron Rd
X				Lake Worth, Fl. 33467
	Remove			
	Change			
_	Add			
	Remove			
.1\	Change			
	Add			
	Remove			
5) _	Change			
_	Add			
_	Remove			
o)	Change			
_	Add			
	Remove			

E. If amending or adding additional Articles, enter change(s) here:				
(attach additional sheets, if necessary). (Be specific)				
N/A				
	_			
	_			

The	he date of each amendment(s) adoption:	, if o	other than the
	ate this document was signed.		
	N/A		
Effe	ffective date <u>if applicable</u> :	lays after amendment file date)	
	Note: If the date inserted in this block does not meet the appl ocument's effective date on the Department of State's record	icable statutory filing requirements, this date will not be list	ed as the
Ade	doption of Amendment(s) (CHECK ONE)		
	The amendment(s) was/were adopted by the members an was/were sufficient for approval.	d the number of votes east for the amendment(s)	
	☐ There are no members or members entitled to vote on the adopted by the board of directors.	e amendment(s). The amendment(s) was/were	
	Dated August 24, 2018	 	
	Signature Fulls W	Vute	
		the board, president or other officer-if directors brator – if in the hands of a receiver, trustee, or at fiduciary)	
	Trela J. White		
	(Typed or	printed name of person signing)	
	Vice President		
		(Title of person signing)	