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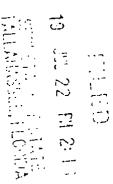
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JUL 27 2019

S. YOUNG

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	TADE MUSEUM INC	<u> </u>	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm			
Please return all correspondence concerning this matte	r to the following:		
JOSHUA H. EGGNATZ			
	tName of Contact Pe	rson)	<u> </u>
EGGNATZ PASCUCCI, P.A.			
	(Firm/ Company	)	
7450 GRIFFIN ROAD, SUITE 230			
	(Address)		
DAVIE, FLORIDA 33314			
	(City/ State and Zip C	ode)	
JEGGNATZ@JUSTICEEARNED.COM			
E-mail address: (to be used	for future annual repo	ort notification	1)
For further information concerning this matter, please of	catl:		
JOSHUA H. EGGNATZ	at	954	889-3359
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida D	epartment of l	State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		<u>ret Address</u> endment Secti	iun
Division of Communication		idos et Cesse	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

THE PINBALL	ARCADE	MUSEUS	M INC

(Name of Corporatio	n as currently filed	with the Florida Dept. o	of State)
THE PINBALL ARCADE MUSEUM INC			
(Docu	ment Number of Cor	poration (if known)	
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this <i>FI</i>	orida Not For Profit Co	rporation adopts the following
A. If amending name, enter the new name of th	e corporation:		
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nan		'incorporated" or the al	The new observiation "Corp." or "Inc."
B. Enter new principal office address, if applications	able:		
(Principal office address <u>MUST BE A STREET</u> )	ADDRESS )		
	<del></del>		
			: 2
C. Enter new mailing address, if applicable:			1
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>ROX</u> )		
			`. · · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered agent and/or the new register		s in Florida, enter the r	name of the
	EGGNATZ PASC	BCCL P A	
<u>Name of New Registered Agent:</u>			
	7450 GRIFFIN RO	AD, SUITE 230	
New Registered Office Address	·	(Florida street a	khess)
	DAVIE		33314
	(City)	<del></del>	, Florida (Zip Code)
	( ( )		(Ally X, Cat )
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		and account the abdition	ions at the pasition
and the second s			and the positions
			_
-	Siebarure	f New Registered Agept.	if changing
	//		
	Page 1 of	4	

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>Mil</u>	i <u>n Doe</u> ke Jones l <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	COLASSO. WILLIAM	7853 GUNN HWY, #390
Add			TAMPA, FL 33626
X Remove			
2) Change	D	EGGNATZ, JOSHUA	7450 GRIFFIN ROAD, SUIT 230
x Add			DAVIE, FL 333214
Remove			
3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specijīc)					
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The date of each amendment(s) ac	loption:	, 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 blk document's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	as date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a was/were sufficient for approve	Topted by the members and the number of votes cast for the ame il.	endment(s)
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) wors.	ras/were
Dated	7/11/2019	
Signature		
(By the chair have not be	map or vice chairman of the board, president or other officer-if in selected, by an incorporator of in the hands of a receiver, treappointed fiduciary by that induciary)	
	Joshia Eggnata	
	(Typed or printed name of person signing)	
	0	
	(Title of person signing)	