N20000010394

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Please Push to Sunbiz They are filing their annual Report as soon as the amendment is Filed

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COVER LETTER

TO: Amendment Section •

Tallahassee, Fl. 32314

Division of Corporations			•	
NAME OF CORPORATION: _	The Center for Cathar	tic Creations		
N2000 DOCUMENT NUMBER:	00010394			
The enclosed Articles of Amendm	ent and fee are submi	itted for filing.		
Please return all correspondence c	oncerning this matter	to the following:		
Kristine DiMartino				
	(1	Name of Contact Perso	n)	
The Center for Cathartic Creation	s			
		(Firm/ Company)		
8291 SE Croft Circle M-8				
		(Address)		
Hobe Sound, Florida 33455				
Mischa@artitonoioclorg	ia Othearth	City/State and Zip Cook tpryect.org	le)	
E-mail	address: (to be used f	or future annual report	notification)	
For further information concerning	g this matter, please c	all:		
Mischa Bergeron		1-2023676465 at		
(Nam	e of Contact Person)	(A	rea Code) (Daytime Telephone Number)	
Enclosed is a check for the follow	ing amount made pay	able to the Florida Dep	partment of State:	
	3.75 Filing Fee & 📐	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Second Division of Corp. P.O. Box 6327	tion	Amen Divisi	Address dment Section on of Corporations Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

The Center For Cathartic Creations INC (Name of Corporation as currently filed with the Florida Dept. of State) N20000010394 (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 ARTII Project, INC. 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. 8291 SE Croft Circle M-8 Hobe Sound Florida 33455 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 542764 West Palm Beach , Florida 33454 (Mailing address MAY BE A POST OFFICE BOX) 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: Michele Bergernu Name of New Registered Agent: 8291 SE Croft Circle M-8 (Florida street address) New Registered Office Address: , Florida 33455 (Zip Code) Hobe Sound (City)

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: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change Add	p	Kristine DiMartino	8291 SE Croft Circle Unit M-8 Hobe Sound, Florida 33455
2) Change Add	<u>vp/5</u>	Kristine DiMartino	8291 SE Croft Circle UNIT M-8 Hobe Sound , Florida 33455
Remove 3) X Change Add Remove	VP	Mischa Bergeron	4506 Pine Park Drive West Lake Worth Florida 33467
4) Change Add	<u>P/T</u>	Mi Chell Mischa Bergeron	PO Box 542764 West Palm Beach,Florida 33454
Remove 5) Change Add			
Remove 6) Change Add			
		ticles, enter change(s) here:	
(attach additional she		(Be specific) states artists of talent using showcase appointmatics, established gainst	, contests

Former president of the Center for Cathartic Creations Inc.

(Title of person signing)