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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: THE BREVAR	RD COUNTY BRIDAL AS	SSOCIATION INC
DOCUMENT N	umber: <u>N27948</u>		
The enclosed Arti	cles of Amendment and fee are su	bmitted for filing.	
Please return all c	orrespondence concerning this ma	tter to the following:	
_	**************************************	VID JAMES	
	(Name o	f Contact Person)	
	PERFECT	WEDDING GUIDE	
	(Firr	n/ Company)	
	PO	BOX 757	
	((Address)	
۲	COCOA	FL 32923-0757	
_		ate and Zip Code)	· · ·
	hcha	a@cfl.rr.com	
_	E-mail address: (to be use	ed for future annual report notifica	tion)
For further inforn	nation concerning this matter, pleas	se call:	
DAVID JAMES	3	at (321) 636-574	7 EXT 7 ne Telephone Number)
(Na	me of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a che	ck for the following amount made	payable to the Florida Department	of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$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 Section		Street Address Amendment Section	
Ω	ivision of Corporations	Division of Corporation	ns
	O. Box 6327. allahassee, FL 32314	Clifton Building 2661 Executive Center	· Circle
•		Tallahassee FL 32301	

Articles of Amendment Articles of Incorporation of

THE BREVARD COUNTY BRIDAL ASSOCIATION, INC.

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

N27948

(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:

BREVARD COUNThe new name must be distinguishable and	d contain the word	"corporation" or "in	corporated" or the
abbreviation "Corp." or " Inc." <u>"Company</u>	" or "Co." may no	t be used in the name.	
B. Enter new principal office address, if a Principal office address MUST BE A STR			
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		POST OFFICE BO	OX 787
		COCOA, FL 3292	3-0787
D. <u>If amending the registered agent and/</u>			nter the name of the
D. If amending the registered agent and/onew registered agent and/or the new r			nter the name of the
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new registered agent and/or the new r	egistered office ad	dress:	nter the name of the
new registered agent and/or the new r	egistered office ad		_
new registered agent and/or the new r	egistered office ad	dress:	nter the name of the , Florida (Zip Code)

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
•		<u> </u>	☐ Add☐ Remove
- Amalas ar			
			_
E. <u>If ame</u> (attach	nding or adding additional Articl additional sheets, if necessary).	es, enter change(s) here: (Be specific)	
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		14 / 14 / 14 / 14 / 14 / 14 / 14 / 14 /	
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The date of each amendment(s)	adoption: SEPTEMBER 1, 2010
•	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
•	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were awas/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or mem	abers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated 9/1/201 Signature	Susan Coggens
have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, of ourt appointed fiduciary by that fiduciary)
	SUSAN COGGINS
_	(Typed or printed name of person signing)
_	PRESIDENT
	(Title of person signing)

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