N27948

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COVER LETTER (12)

TO: Amendment Section Division of Corporations

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| NAME OF CORPORATION: Brevard County Bridal Association, Inc. |
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| |
| DOCUMENT NUMBER: N27948 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Helen Deavers |
| (Name of Contact Person) |
| |
| Brevard County Bridal Association, Inc. |
| (Firm/ Company) |
| |
| PO BOX 1083 |
| (Address) |
| |
| Melbourne FL 32902 |
| (City/ State and Zip Code) |
| |
| helen@myapollotravel.com E-mail address: (to be used for future annual report notification) |
| · |
| For further information concerning this matter, please call: |
| |
| Helen Deavers at 321 7209138 |
| (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: |
| □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) □ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment and a second to the Articles of Incorporation of

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: A. If amending name, enter the new name of the corporation: Brevard Wedding Association, 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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: Name of New Registered Agent: (Florida street address) New Registered Office Address: 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

| and address of each (Attach additional she Please note the officer P = President; V= Vid | Officer and rets, if neces r/director tit ce President O = Chief F | Nor Director being added: sary) de by the first letter of the office tit t; T= Treasurer; S= Secretary; D= Sinancial Officer. If an officer/dire | ime of each officer/director being removed as to less to the second of | rk; CEO = Chief |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| a change, Mike Jones | leaves the c | | Doe is listed as the PST and Mike Jones is listed the V and S. These should be noted as John Doe | |
| Example: X Change X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address | |
| 1) Change Add Remove | | | | |
| 2) Change Add | | _ | | |
| Remove 3) Change Add Remove | - | | | |
| 4) Change Add | | _ | | |
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| Remove 6) Change Add | <u></u> | - | | |
| | | onal Articles, enter change(s) he essary). (Be specific) | <u></u> | |
| Change current name | Brevard Co | unty Bridal Association to Brevard | 1 Wedding Association | |
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| The date of each amendmen date this document was signed | | | | | _, if other than the |
| Effective date if applicable: | 08/01/2021 | | | | |
| | (no more than | 90 days after ar | nendment file date | | |
| Note: If the date inserted in to document's effective date on to | his block does not meet the the Department of State's re | applicable statu ecords. | tory filing require | ments, this date will not | be listed as the |
| Adoption of Amendment(s) | (CHECK O | <u>NE</u>) | | | |
| The amendment(s) was/was/were sufficient for a | vere adopted by the membe pproval. | ers and the numb | er of votes cast fo | r the amendment(s) | |

| | 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 09/16/2021 | | | | | |
| | 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) | | | | | |
| | Helen Deavers | | | | | |
| | (Typed or printed name of person signing) | | | | | |
| | Treasurer | | | | | |

(Title of person signing)