

N31392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

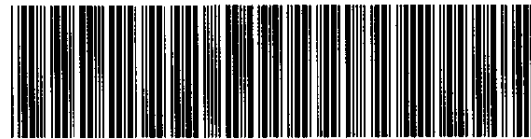
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10 JUL 19 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amey 7/21/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** New Smyrna Beach Mainstreet Inc.

**DOCUMENT NUMBER:** N31392

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dawn Moore

(Name of Contact Person)

(Firm/ Company)

728 Canal St.

(Address)

New Smyrna Beach, FL 32168

(City/ State and Zip Code)

Dawn.CMLybrandCo@cf1.rri.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dawn Moore

(Name of Contact Person)

at

(386)

428-2315

(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 &  
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  
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

New Smyrna Beach Mainstreet, Inc.

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

N 31392

(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 new 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:

New Registered Office Address:

(Florida street address)

(City)

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

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TALLAHASSEE, FLORIDA

**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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

Please See Attached for list of officers to be

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

removed & added.

Thank you!

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PLEASE NOTE THE FOLLOWING ADDITIONAL CHANGES FOR  
NEW SMYRNA BEACH MAINSTREET, INC.:

**THE FOLLOWING OFFICERS AND DIRECTORS HAVE RESIGNED:**

TITLE: CPA  
NAME: KILDAY, EILEEN (SEC)  
ADDRESS: 210 DOWNING ST  
CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32168

TITLE: PRES  
NAME: BALIS, JAMES (PRES)  
ADDRESS: 147 CANAL ST  
CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32168

TITLE: MEM  
NAME: KERSHAW, KAREN (MEMBER)  
ADDRESS: P O BOX 641  
CITY-ST-ZIP: EDGEWATER, FL 32170 US

TITLE: LIAI  
NAME: HEISE, FRED (LIASON)  
ADDRESS: 1001 WEST CANAL ST  
CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32168

TITLE: TREA  
NAME: WEMPLE, DEBORAH (TREASURER)  
CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32168

TITLE: LIAS  
NAME: GEHMAN, DOUGH (LIASON)  
ADDRESS: 233 N CAUSEWAY  
CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32169

**THE FOLLOWING ARE THE NEW OFFICERS FOR NEW SMYRNA BEACH  
MAINSTREET, INC:**

TITLE: TREAS/RA  
NAME: MOORE, DAWN  
ADDRESS: 728 CANAL STREET  
CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32168

TITLE: PRES  
NAME: JONES, CINDY  
ADDRESS: 334 CANAL ST  
CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32168

TITLE: SEC  
NAME: DIEGEL, BARBARA  
ADDRESS: 229 CANAL ST  
CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32168

The date of each amendment(s) adoption: 04/1/10  
*(date of adoption is required)*

Effective date if applicable: \_\_\_\_\_  
*(no more than 30 days after amendment file date)*

**Adoption of Amendment(s) (CHECK ONE)**

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ 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 7/14/10

Signature Dawn Moore RA  
(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)

Dawn Moore  
(Typed or printed name of person signing)

Registered Agent / T22A  
(Title of person signing)