

T-089 P.001/006 F-053

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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name Account Number		HARRISON, SALE, 076630000526	MCCLOY
Phone	:	(850)769-3434	
Fax Number	1	(850)769-6121	

\*\*Enter the email address for this business entity to be used for furive annual report mailings. Enter only one email address please.

alevy (2 hsmclau ). Com Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN BAY COUNTY SMALL BUSINESS INCUBATOR, INC.

Certificate of Status 0 Certified Copy 0 Page Count 05 \$35.00 Estimated Charge

NC FEB 07 2013

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FEB-07-2013	10:39	FROM-HARRISON, SALE	E,MCCLOY & THOMPS	son +	7696121	T-089	P.002/006	F-053
			2	COVER LETTI	<u>(R</u>			
	idment Sect ion of Corpo							
NAME O	F CORPOR	ATTON: Bay	County S	Small Bu	siness In	cubato	r, Inc.	
DOCUMI	ENT NUME	BER: N4228	30					
The enclos	ed Articles	of Amendment and	fee are submitte	d for filing.				
Please retu	rn all corres	pondenc <del>e</del> concerni	ng this matter to	the following:				
Andr	ew B	Levy						
-			(Na	ne of Contact Pe	rson)			
Harri	son S	ale McC	loy					
••••				(Firm/ Company	)	······································		
Post	Office	e Drawer	1579					
				(Address)				
Pana	ama C	ity, FL 3	2401					
	<u> </u>	<u></u>	(City	/ State and Zip C	Code)			
	alev	/y@HSM						
<b>.</b>			(to be used for f	uture annual rep	ort nontication)			
	_	concerning this ma	itter, please call:					
Andr		Levy		at ( <b>85</b> 0	769-	3434		
	(Name o	of Contact Person)		(Area	Code & Daytime	e Telephone N	lumber)	,
Enclosed is	a check for	the following amou	int made payable	to the Florida D	epartment of Stat	e:		
	\$35 Filing	Fee S43.75 Fi Certificate	(A)	3.75 Filing Fee & rtified Copy dditional copy is closed)	Certificate Certified (	e of Starus Copy al Copy is		
	Amer Divisi P.O. 1	ng Address dment Section ion of Corporations 30x 6327 lassec, FL 32314		Ame Divi Clift 266	et Address endment Section ision of Corporati ton Building I Executive Cente ahassee, FL 3230	er Circle		

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FEB-07-2013 10:39	FROM-HARRISON, SALE, MCCLOY & THOMP	SON +7696121	T-089 P.003/006 F-053
	Artic	ics of Amendment	FILED
		to	13 FED -
	Artici	es of Incorporation of	13 FEB -7 AM 9:50
Bay County S	Small Business Incubat	or, Inc.	SECRETARY OF STATE
(Name of Corpo	ration as currently filed with the Fl	orida Dept. of State)	ELANINGSEL, FLORIDA
N42280		·	
······	(Document Number of Corpo	ration (if known)	
Pursuant to the provisio amendment(s) to its Art		es, this <i>Florida Not For F</i>	Profit Corporation adopts the following
A. If amending name,	enter the new name of the corpora	tion:	
<b>Business Innov</b>	vation Center at Florida	State University	-Panama City, Inc. <sub>The new</sub>
name must be distinguis			or the abbreviation "Corp." or "Inc."
B. Enter new principa	al office address, if applicable:	n/a	
	ss <u>MUST BE A STREET ADDRESS</u>	)	· · · · · · · · · · · · · · · · · · ·
	address, if applicable:	n/a	
(Mailing address <u>M</u>	( <u>AY BÊ A PÔST ÔFFICE BOX</u> )		
D. Tformer die scherens			
	<u>gistered agent and/or registered offi</u> nt and/or the new registered office a		ter the hame of the
Name of New F	Registered Agent: n/a		
<u>Itame of Itew A</u>	tegstereu Agem.		
		(Florida sircei address)	
<u>New Registered Office 2</u>	<u>Address</u> :		
			, Florida
	(City)		(Zip Code)
	's Signature. if changing Registered		
	pintment as registered agent. I am fa		obligations of the position.
	Signature of New Regis	tered Agent, if changing	

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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; Y = 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	PT V SV	John Doe Mike Jones Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		n/a	
Remove			
2) Change			
Add Remove			······
3) Change			
Add Remove			
4) Change		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Add			
5) Change			
Add 			<b></b>
6) Change			
Add	- <u></u>		
Remove		Page 2 of 4	

FEB-07-2013 10:3	9 FRUMHARRISUN, S	ALE,MCCLOY & THOMPSON	+7696121	T-060 P.005/006	F-053
E. If amending of	adding additional A	rticles, enter change(s) here	:		
(attach addition	al sheets, if necessary).	(Be specific)			
n/a					
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FEB-	07-2013	10:40	FROM	HARR I SON , S	ALE,McCLOY	& THOMPSON		+7696121		T-089	P 006/006	F-053
The	date of	each ame	ndment	(s) adoptic	Janu	ary 29	, 2013	3				
		te <u>if appli</u>		Febru	ary 1, 2	2013						
Luc		пе парри	cable.		(no more i	han 90 day	s after am	endment file da	ate)			
Ado	ption of	Amendm	ent(s)		(CHECK	(ONE)						
		endment(s re sufficien			d by the me	mbers and t	he numbe	r of votes cast f	or the amer	ndment(	s)	
		are no meπ d by the bα			ntitled to ve	ote on the ar	nendment	(s). The amend	dment(s) wa	as/were		
		Dated	Fet		7, 2013	3						
		Signature	(By the have r	tot been sel	or vice chai lected, by ar inted fiducia	incorporat	or -41-m	es <del>ident or</del> other the hands of a re	r officer-if c eceiver, tru	lirectors stee, or	5	
		An	Idrev	v B. Le	vy							
				(Тур	ed or printe	d name of p	erson sig	ning)				
		Ch	nairm	ian								

(Title of person signing)