M50947

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

MAY 2.9 2012
T. LEMIEUX

COVER LETTER

TO: Amendment Section

Division of Corporations '

Tailahassee, FL 32314

NAME OF CORPORATION: WOMEN IN THE VISUAL ACTS INC
DOCUMENT NUMBER: V 50947
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LINDA STEGMAN
(Name of Contact Person)
WOMEN IN THE VISUAL ARTS INC
(Firm/ Company)
c/o 7658 SOLIMAR CIRCLE (Address)
BUCA RATON, FZ 33433
(City/ State and Zip Code)
lindastegnan
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at (56) 367-9476 (Area Code & Daytime Telephone Number)
(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 \$\begin{array}{c} \$\\$43.75 Filing Fee & \$\begin{array}{c} \$\\$43.75 Filing Fee & \$\begin{array}{c} \$Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy & Certif
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WOMEN IN THE VISUAL ARTS IN C
(Name of Corporation as currently filed with the Florida Dept. of State)
N 50947
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> 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. <u>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:</u>
· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:
<u> </u>
(Florida street address) New Registered Office Address:
(City) (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
Signature of New Registered Agent, if changing
Signature of New Registered Agent, if changing Page 1 of 4 Page 1 of 4 Page 1 of 4

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	<u>PT John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	TREAS.	SHIRLEY GELFAND	350 S. DCEAN BLV O APT 1 130CA RATON, FL 33432
2) Change Add Remove	TREAS.	LINDA STEEMAN	7658 SOLIMAY CIRCLE BOCA RATON, 72 33433
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove		·	<u>.</u>
6) Change Add Remove			

E. If amending or adding additional Art	icles, enter change(s) here:
E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
•	
	-
	
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The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
Adoption of Amendment(s) (CHECK OIVE)
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
Signature Linka M. Stepn
(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)
LINDA STEGMAN
(Typed or printed name of person signing)
TREASURER
(Title of person signing)