## N9200000549

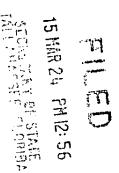
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  NAME OF CORPORATION: WOLR 9/3 FM, INC   |
|---|
| NAME OF CORPORATION: VV ULT 11:0  |
| DOCUMENT NUMBER: N9200000549  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| Frank C. Davis  |
| (Name of Contact Person)  |
|   |
| (Firm/ Company)   |
| 1341 Copeland St. (Address)   |
| 1341 Copeland St.  (Address)  Live Oak, FL 32064  (City/State and Zin Code)   |
| (City/ State and Zip Code)  |
| Fcdsr@yahoo.com E-mail address: (to be used for future annual report notification)  |
|   |
| For further information concerning this matter, please call:  |
| Frank C. Davis at (386) 362-8537  |
| (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 Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is Enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle   |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| , ,   |                          | of                                   | ~ 7 S                    | ~                 |
|---|--------------------------|--------------------------------------|--------------------------|-------------------|
| WOLR 91.3 FM,   | INC.                     |                                      |                          | 74.5              |
| (Name of Corporation as currently file  | ed with the Flori        | ida Dept. of State)                  | Ac                       |                   |
| N9200000549   |                          |                                      | É                        |                   |
|   | nt Number of Cor         | poration (if known)                  |                          |                   |
| ursuant to the provisions of section 617.1006, nendment(s) to its Articles of Incorporation:                        | , Florida Statutes.      | , this <i>Florida Not For Profit</i> | Corporation adopts the   | follow            |
| If amending name, enter the new name of   | of the corporatio        | <u>n:</u>                            |                          |                   |
| Daily Word Med ame must be distinguishable and contain the vector of the company" or "Co," may not be used in the n | word "corporation        | on" or "incorporated" or the         | e abbreviation "Corp."   | _The n<br>or "Inc |
| Enter new principal office address, if app  | plicable:                | 1341 Copelar                         | d Street                 | _                 |
| Principal office address <u>MUST BE A STREE</u>   | <u>ET ADDRESS</u> )<br>- | Live Oak, F                          | - 32064                  | -                 |
| Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)                                     | <del></del>              | P.O. Box 1415<br>Live Oak, F         | -<br>                    | -<br>-<br>-       |
| If amending the registered agent and/or new registered agent and/or the new regi                                    |                          |                                      | he name of the           | -                 |
| Name of New Registered Agent:   |                          |                                      |                          |                   |
| New Registered Office Address:  | (I                       | Florida street address)              |                          |                   |
|   |                          | , F                                  | lorida                   |                   |
|   | (City)                   |                                      | (Zip Code                | <u>:</u> )        |
| ew Registered Agent's Signature, if changi<br>hereby accept the appointment as registered of                        |                          |                                      | gations of the position. |                   |
| Sig   | gnature of New R         | egistered Agent, if changing         | <del></del>              |                   |

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 X Remove X Add | <u>PT</u><br><u>V</u><br><u>SV</u> | John Do<br>Mike Jo<br>Sally Sr | <u>ones</u> |         |
|-----------------------------------|------------------------------------|--------------------------------|-------------|---------|
| Type of Action<br>(Check One)     | <u>Title</u>                       |                                | Name        | Address |
| 1) Change                         |                                    | _                              |             |         |
| Add                               |                                    |                                |             |         |
| Remove                            |                                    |                                |             |         |
| 2) Change                         |                                    | _                              |             |         |
| Add                               |                                    |                                |             |         |
| Remove                            |                                    |                                |             |         |
| 3 ) Change                        |                                    |                                |             |         |
| Add                               |                                    | <del>-</del>                   |             |         |
|                                   |                                    |                                |             |         |
| Remove                            |                                    |                                |             |         |
| 4) Change                         |                                    | <del></del>                    |             |         |
| Add                               |                                    |                                |             |         |
| Remove                            |                                    |                                |             |         |
|                                   |                                    |                                |             |         |
| 5) Change                         |                                    | _                              |             |         |
| Add                               |                                    |                                |             |         |
| Remove                            |                                    |                                |             |         |
|                                   |                                    |                                |             |         |
| 6) Change                         |                                    | _                              |             |         |
| Add                               |                                    |                                |             |         |
| Remove                            |                                    |                                |             |         |
|                                   |                                    |                                |             |         |

| tach additional sheets, if necessary). | (Be specific)                           |
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| The date of each amendment(s) addet this document was signed. | doption: March 16, 2015  | , if other than the |
|---|--|---------------------|
| Effective date <u>if applicable</u> :                         |  |                     |
|   | (no more than 90 days after amendment file date)   |                     |
| Adoption of Amendment(s)                                      | ( <u>CHECK ONE</u> )   |                     |
| The amendment(s) was/were a was/were sufficient for approv    | dopted by the members and the number of votes cast for the amendment(s) al.  |                     |
| ☐ There are no members or mem adopted by the board of direct  | abers entitled to vote on the amendment(s). The amendment(s) was/were ors.   |                     |
| Dated 3/1   | 6/15   |                     |
| Signature   | and Jans   |                     |
| have not be   | rman or vice chairman of the board, president or other officer-if directors<br>een selected, by an incorporator – if in the hands of a receiver, trustee, or<br>appointed fiduciary by that fiduciary) |                     |
| Fran  |  |                     |
| Presi   | (Typed or printed name of person signing)  |                     |
|   | (Title of person signing)  |                     |