

| (Re                     | questor's Name)   |              |
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| PICK-UP                 | ☐ WAIT            | MAIL         |
| (Bu                     | siness Entity Nan | ne)          |
| (Do                     | cument Number)    |              |
| Certified Copies        | _ Certificates    | s of Status  |
| Special Instructions to | Filing Officer:   |              |
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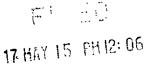
## <u>COVER LETTER</u>

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION            |  | onal Film Festival Inc.  |  |
|--------------------------------|--|--|--|
| DOCUMENT NUMBER:               | N95000002509                                     |  |  |
| The enclosed Articles of Am    | nendment and fee are subm                        | nitted for filing.   |  |
| Please return all corresponde  | ence concerning this matter                      | to the following:  |  |
|                                |  | Loretta Valero-Smith   |  |
|                                | (  | (Name of Contact Perso   | n)   |
|                                |  | AWS Bookkeeping & A  | Accounting Inc.  |
|                                |  | (Firm/ Company)  |  |
| 2061 NW 2nd Ave, Suite 203     |  |  |  |
|                                |  | (Address)  |  |
|                                | Е  | loca Raton, FL 33431   |  |
|                                | (  | City/ State and Zip Cod  | le) .  |
|                                | av   | vsbkpg@aol.com   | ·  |
| Е                              | -mail address: (to be used                       | for future annual report   | notification)  |
| For further information conc   | erning this matter, please o                     | all:   |  |
| Loretta Valero-Smith           |  | 56<br>at   | 51-394-098C  |
|                                | (Name of Contact Person)                         |  | rea Code) (Daytime Telephone Number)   |
| Enclosed is a check for the fo | ollowing amount made pay                         | able to the Florida Depa   | artment of State:  |
| ■ \$35 Filing Fee              | □\$43.75 Filing Fee & C<br>Certificate of Status | 3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| <u>Mailing A</u><br>Amendmer   |  |  | Address<br>Iment Section   |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Palm Beach International Film Festival Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N95000002509 (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: 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. 6018 SW 18th Street, Suite C-2, Boca Raton, FL 33433 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: 6018 SW 18th Street, Suite C-2, Boca Raton, FL 33433 (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: Al Zucaro Name of New Registered Agent: 6018 SW 18th Street, Suite C-2 (Florida street address) New Registered Office Address: **Boca Raton** 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.

## 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 | PT John F<br>V Mike J<br>SV Sally S | lones         |                                |
|-----------------------------------|-------------------------------------|---------------|--------------------------------|
| Type of Action<br>(Check One)     | <u>Title</u>                        | <u>Name</u>   | <u>Addres</u> s                |
| 1) Change                         | c and dr                            | Davis, Jeff   | 4525 NW 8th Avenue             |
| Add                               |                                     |               | Ft Lauderdale, FL 33309        |
| x Remove                          |                                     |               |                                |
| 2) Change                         | Dir                                 | Al Zucaro     | 6018 SW 18th Street, Suite C-2 |
| x Add                             |                                     |               | Boca Raton, FL 33433           |
| Remove                            |                                     |               |                                |
| 3) X Change                       | Chair<br>———                        | Boice, Yvonne | 6018 SW 18th Street, Suite C-2 |
| Add                               |                                     |               | Boca Raton, FL 33433           |
| Remove                            |                                     |               |                                |
| 4) Change                         | TREASURER                           | Anleve Herson | 6018 SW 18th St.<br>Suite C-Z  |
| <b>y</b> Add                      | BIR                                 |               | Suite C-Z                      |
| Remove                            |                                     |               | BOCA RAFOR, Fl. 33433          |
| 5) Change                         |                                     |               |                                |
| Add                               |                                     |               |                                |
| Remove                            |                                     |               |                                |
| 6) Change                         |                                     |               |                                |
| Add                               |                                     |               |                                |
| Remove                            |                                     |               |                                |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). ' (Be specific) |  |  |  |  |
|---|--|--|--|--|
| Change Title of Boice, Yvonne to Chair (take out VC)  |  |  |  |  |
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|                                       |  | 05/09/2017  |                      |
|---------------------------------------|--|---|----------------------|
|                                       | date of each amendment<br>this document was signed   |   | _, if other than the |
| Effective date <u>if applicable</u> : |  | 05/09/2017  |                      |
|                                       | <del></del>  | (no more than 90 days after amendment file date)  |                      |
|                                       |  | his block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.      | e listed as the      |
| Ada                                   | ption of Amendment(s)                                | (CHECK ONE)   |                      |
|                                       | The amendment(s) was/w<br>was/were sufficient for ap | ere adopted by the members and the number of votes cast for the amendment(s) proval.  |                      |
|                                       | There are no members or adopted by the board of o    | members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.  |                      |
|                                       | Dated  | 5-9-2017  |                      |
|                                       | Signature  | chairman or vice chairman of the board, president or other officer-if directors   | _                    |
|                                       | have n   | not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) |                      |
|                                       | Yv   | onne Boice  |                      |
|                                       | <del></del>  | (Typed or printed name of person signing)   |                      |
|                                       | Ch   | air   |                      |
|                                       | <del></del>  | (Title of person signing)   |                      |