

N95000004351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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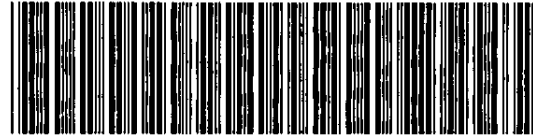
(Business Entity Name)

(Document Number)

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Amends.
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Black Heritage Festival of New Smyrna Beach, Inc.

DOCUMENT NUMBER: N95000004351

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

Please return all correspondence concerning this matter to the following:

Jimmy Harrell

(Name of Contact Person)

N/A

(Firm/ Company)

453 Oak Street

(Address)

New Smyrna Beach, FL 32168

(City/ State and Zip Code)

jharrell8@cfl.rr.com

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

For further information concerning this matter, please call:

Jimmy Harrell

(Name of Contact Person)

at (386) 428-6225

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Black Heritage Festival of New Smyrna Beach, Inc.

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

N95000004351

(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:

Mary S. Harrell Black Heritage Museum, Inc.

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)

Mary S. Harrell Black Heritage Museum
314 N. Duss Street
New Smyrna Beach, FL 32168

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Mary S. Harrell Black Heritage Museum
314 N. Duss Street
New Smyrna Beach, FL 32168

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: Jimmy Harrell

453 Oak Street

(Florida street address)

New Registered Office Address:

New Smyrna Beach, Florida 32168

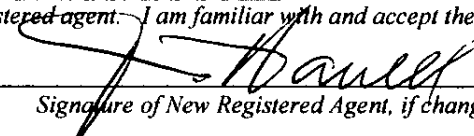
(City)

(Zip Code)

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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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>C</u>	<u>Lorenza Laws</u>	<u>344 Sheldon St</u> <u>New Smyrna Beach, FL</u> <u>32168</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VC</u>	<u>Ann Harrell</u>	<u>131 Mill Spring PL</u> <u>Ormond Beach, FL</u> <u>32168</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Patricia Kershner</u>	<u>21 Country Club Dr.</u> <u>New Smyrna Beach, FL</u> <u>32168</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Alphonzo Brown</u>	<u>704 Hamilton</u> <u>New Smyrna Beach, FL</u> <u>32168</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Gertie Laws</u>	<u>344 Sheldon St</u> <u>New Smyrna Beach, FL</u> <u>32168</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Angie Kovitch</u>	<u>48 Fore Drive</u> <u>New Smyrna Beach, FL</u> <u>32168</u>

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
7) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	Joe Kovitch	48 Fore Drive New Smyrna Beach, FL 32168
8) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	D	Robert Shaffer	5207 S. Atlantic Ave New Smyrna Beach, FL 32168
9) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	Chaplain	Robert Thompson	1000 Walter St New Smyrna Beach, FL 32168
10) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	Sherica "Shy" Morris	201 N. Mrytle Street New Smyrna Beach, FL 32168
11) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	CEO	Mary Harrell	453 Oak Street New Smyrna Beach, FL 32168
12) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	CEO	Jimmy Harrell	453 Oak Street New Smyrna Beach, FL 32168

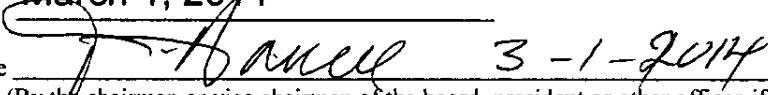
The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: March 1, 2014
(no more than 90 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 March 1, 2014

Signature  3-1-2014
(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)

Jimmy Harrell
(Typed or printed name of person signing)
Registered Agent and CEO
(Title of person signing)