## P1100007a458

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ArteFact Pardo Gallery Corporation
DOCUMENT NUMBER: P11000072458
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Pardo
Name of Contact Person
Artefact Pardo Gallery Corporation
Firm/ Company
805 Lake Ave
Address
Lake Worth FI 33460
City/ State and Zip Code
ARTEFACTGALLERY@YAHOO.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Laura Ann Jacobs <u>at (561 ) 329-6264</u>
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 (Additional copy is enclosed)  \$43.75 Filing Fee & Certificate of Status (Additional Copy is enclosed)
Mailing Address  Amendment Section  Amendment 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

Artefact Pardo Gallery C	orporation	
(Name of Corporation as	currently filed with the Florida Dep	ot, of State)
P11000072458		
(Documen	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Pr	cofit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
name must be distinguishable and con	tain the word "corporation," "comp	The new pany," or "incorporated" or the abbreviation
"Corp., ""Inc., ". or Co., ". or. the design word "chartered," "professional associa	nation ."Corp," "Inc," or "Co". A pation," or the abbreviation "P.A."	rofessional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: TREET ADDRESS )	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		
D. If amending the registered agent an new registered agent and/or the new		rida, enter the name of the
Name of New Registered Agent Laura Ann Jacobs		
	805 Lake Ave	
	(Florida street address)	<del></del>
New Registered Office Address:	Lake Worth	, Florida 33460_
	(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

	Page 3 of 4
The date of each amendment	
Effective date <u>if applicable</u> :	12/14/2011
enective date <u>if applicable.</u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
☐ The amendment(s) was/wer must be separately provide	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder
action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated 12/	14/2011
Signature	Nohrt Pando
se	y á director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Robert Pardo
·	(Typed or printed name of person signing)
	President
	(Title of person signing)