## P9900000 7698

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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Shaw Gallery of Naples, Inc. DOCUMENT NUMBER: P99000007698 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jay Genter Name of Contact Person Shaw Gallery of Naples, Inc. Firm/ Company 761 Fifth Avenue South Address Naples, FL 34102-6662 City/ State and Zip Code genterjay@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239 ) 571-0091

Area Code & Daytime Telephone Number Jay Genter Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

\$35 Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

□\$43.75 Filing Fee &

Certificate of Status

Tallahassee, FL 32314

Street Address

☐\$43.75 Filing Fee &

(Additional copy is

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enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

## **Articles of Amendment** to Articles of Incorporation of

Shaw Gallery of Naples, inc.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

FILED 2021 JUL 16 AM 10: 37

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(Do		7-1.474.5S	LOFSTA FESTA
	cument Number of Corpor	ration (if known)	
ursuant to the provisions of section 607.1006, Flo s Articles of Incorporation:	rida Statutes, this <i>Florida</i>	Profit Corporation adopts the	following amendment
. If amending name, enter the new name of th	e corporation:		
			The new
ame must be distinguishable and contain the word Inc.," or Co.," or the designation "Corp," "I chartered," "professional association," or the ab	nc," or "Co". A profes		
Enter new principal office address, if application	ble:		<u> </u>
Principal office address <u>MUST BE A STREET A</u>	DDRESS )		
			-
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
If a more direct the registered agent and/or resi	stored office address in I	Clarida, antar the name of the	
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered.</li> </ol>		riorida, enter the name of the	
lay (	enter		
Name of New Registered Agent			
	Rivers Ford (Florida street addre	acel	
ro .	·		***
New Registered Office Address: Ester	(City)	, Florida_	33928 (Zip Code)
	(Cny)		(Zip Code)

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</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Barbara A. Shaw	761 Fifth Avenue South
Add			Naples, FL 34102-6662
X Remove			
2) Change	PD	Jay Genter	761 Fifth Avenue South
X Add			Naples, FL 34102-6662
Remove 3 ) Change	V	Marla Genter	761 Fifth Avenue South
X Add		_	Naples, FL 34102-6662
Remove			
4) Change			
Add			<del> </del>
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<del>- · · · · · · · · · · · · · · · · · · ·</del>	
<del></del>	
<u></u>	
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	<del></del>
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nrovisions for implementing the ame:	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	work it not contained in the amendment users.
_	
<del>-</del>	

. . . .

;

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 100 - 100%"	
(voting group)	
Signature  By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	<del></del>
President / Divector	<u>.</u>
(Title of person signing)	