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COVER LETTER

TO: Amendment Section Division of Corporations

Fantasy Theatre Factory, Inc. NAME OF CORPORATION:	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Larry Fields	
(Name of Contact Person)	
Fantasy Theatre Factory	
(Firm/ Company)	
6101 NW 7th Ave	
(Address)	
Miami, FL 33127	
(City/ State and Zip Code)	-
larry@ftfshows.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Larry Fields 305 284-8800	
(Name of Contact Person) at (Area Code) (Daytime Telephone Number	er)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee & □ \$5	

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

Fantasy Theatre Factory, Inc.		
(Name of Corporation as curren	tly filed with the Florida	Dept. of State)
762121		
(Document Numb	per of Corporation (if know	/n)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For P</i> i	rofit Corporation adopts the followin
A. If amending name, enter the new name of the corporat	ion:	
N/A		The nev
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	tion" or "incorporated" o	
B. Enter new principal office address, if applicable:	6101 NW 7th Ave	
Principal office address MUST BE A STREET ADDRESS	Miami, FL 33127	65
		120
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6101 NW 7th Ave	NSSEE OF THE
	Miami, FL 33127	
		37
D. If amending the registered agent and/or registered office	ce address in Florida, ent	er the name of the
new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent: N/A	····	
New Registered Office Address:	(Florida street address)	
N/A		EL 11
	(City)	, Florida (Zip Code)
Form Devictored Agentic Clamaters 15 - handle Devictored	. . .	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai		obligations of the position.
	•	
Si	ignature of New Registered	d 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: X Change X Remove X Add	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Edward J. Allen	6740 SW 75th Terrace
X Add			Miami, FL 33143
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)

		6/20/2016	
		ndment(s) adoption:	, if other than the
date	this document was	signed.	
Effec	ctive date if appli	6/20/2016 cable:	
		(no more than 90 days after amendment file date)	
Note docu	: If the date insert ment's effective date	ed in this block does not meet the applicable statutory filing requirements, this date will ate on the Department of State's records.	not be listed as the
Adop	otion of Amendm	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficient) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	10/24/2016	
	Signature	(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)	
		John Casbarro	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	