

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DEJA VU THEATER PRODUCTIONS INC.

DOCUMENT NUMBER: N02000002358

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

Please return all correspondence concerning this matter to the following:

Sharon Cummings

(Name of Contact Person)

DEJA VU THEATER PRODUCTIONS INC.

(Firm/ Company)

5924 Riverside Avenue

(Address)

Tamarac, FL 33321

(City/ State and Zip Code)

dejavutheatre.fl@gmail.com

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

For further information concerning this matter, please call:

Sharon Cummings

(Name of Contact Person)

at (954) 557-7491

(Area Code & Daytime Telephone Number)

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

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$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

2012 AUG -8 AM 9:23

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
AUG 8 2012

Articles of Amendment
to
Articles of Incorporation
of

DEJA VU THEATER PRODUCTIONS INC.

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

N02000002358

(Document Number of Corporation (if known))

FILED
2012 AUG 20 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

_____ *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**)

5924 Riverside Avenue

Tamarac, FL 33321

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

5924 Riverside Ave

Tamarac, FL 33321

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: _____

(Florida street address)

New Registered Office Address:

_____, Florida
(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

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

ARTICLE III- PURPOSE

DEJA VU THEATER PRODUCTIONS INC. is organized exclusively for charitable, scientific and education purposes:

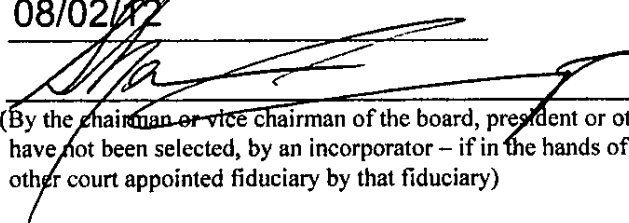
Help at risk youth develop their talent in the area of Performing Arts
Put together informational activities to increase public awareness of juvenile delinquency; to combat crime within neighborhoods; and to prevent community deterioration and promote community solidarity.

The date of each amendment(s) adoption: 08/02/12

Effective date if applicable: _____
(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 08/02/12
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)

Sharon Cummings

(Typed or printed name of person signing)

President

(Title of person signing)