ND9000003705

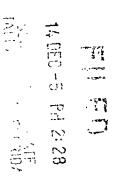
(Re	questor's Name)	
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, (Cil	ry/State/Zip/Phon	e #)
PICK-UP	<u> </u>	MAIL
(Bu	siness Entity Na	me)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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12-8-14

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE ROBERT SHARON CHORALE INC	1,
DOCUMENT NUMBER: N 09000003705	. • 3
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	-17
CATHERINE J. WEISS (Name of Contact Person)	
THE ROBERT SHARON CHORALE INC. (Firm/Company)	7:28
471 INDIGO AVE. (Address)	
WELLINGTON FL 33414 (City/ State and Zip Code)	
deweiss whell south net	
For further information concerning this matter, please call:	
(Name of Contact Person) at (561) 914-0456 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee \$\begin{array}{c} \subseteq \$\\$43.75 \text{ Filing Fee & Certificate of Status} \\ \text{Certified Copy} \\ \text{(Additional copy is enclosed)} \end{array} \text{Certified Copy} \\ \text{(Additional Copy is Enclosed)} \end{array} \text{Certified Copy} \\ \text{(Additional Copy is Enclosed)} \end{array}	

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



The Robert Sharon Chorale, Inc.

2255 Allen Creek Road West Palm Beach, Florida 33411 561-687-4245 www.therobertsharonchorale.com 501c3

December 3, 2014

Artistic Director

Dr. Robert Sharon

Board of Directors

President

Margaret Santos

Vice-President
Kim Genovese

Secretary
Rick Genovese

Treasurer
Phoebe Roth

Company Manager Julie R. Bourgeois

Michelle Abrishami

Linda Agnolucci

Barry Gutknecht

Vesta Hetherington

Natalyo imone Thomas

Jerry Zel

7 EC - 5

Ms. Cheryl R. McNair Regulatory Specialist II Florida Department of State Division of Corporations P.O. BOX 6327 Tallahassee, Florida 32314

SUBJECT: THE ROBERT SHARON CHORALE, INC.

Ref. Number: N09000003705 Letter Number: 014A00023807

Dear Ms. McNair,

Enclosed are the completed forms for filing with the Department of State. We apologize for the delay but we had some questions with the form which you graciously answered for us this morning. Hopefully, all is in order for our banking records to be updated.

Thank you for your assistance.

Sincerely,

THE ROBERT SHARON CHORALE, INC.

Margaret C. Santos

President

Cc: Catherine J. Weiss

Articles of Amendment to Articles of Incorporation of

SULDERN (

THE RUBERI	OH H	KUN		ALE	INC		
(Name of Corporation as currently file	ed with the Flor	ida Dept. of	State)				
N 0900000	3705						
(Documen	t Number of Cor	poration (if k	(nown)				
tursuant to the provisions of section 617.1006, mendment(s) to its Articles of Incorporation:	Florida Statutes	, this <i>Florida</i>	ı Not For Profit	Corporation	adopts the f	ollowin	g
a. If amending name, enter the new name o	f the corporatio	<u>on:</u>					
						The nev	
ame must be distinguishable and contain the v Company" or "Co." may not be used in the r	word "corporational". 1ame.	on" or "inco	rporated" or the	abbreviatio	on "Corp." of	r "Inc."	<i>v</i>
B. Enter new principal office address, if app Principal office address MUST BE A STREE							
	•	••					
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI							
	•						
		· · · · · ·] ? ; ; ;		
 If amending the registered agent and/or new registered agent and/or the new registered. 			<u>Florida, enter tl</u>	e name of t	the T	(D)	
·	istered office au	aress:			•		(<u>ا</u> ميدري
Name of New Registered Agent:			·		÷	1	
						7)	,
New Registered Office Address:	(1	Floridu street ac	tdress)		_	<i></i>	
			_		4	っ	
	(City)		, F	lorida	(Zip Code)	<u> </u>	
	•				(Elp Cour)		
iew Registered Agent's Signature, if changi hereby accept the appointment as registered o			d accept the obli	gations of th	ne position		
and the second s				5	- F		
	mature of New R	Pegistered Au	ent, if changing				
318	Of HEAT	.c.sioreu Ag	em, y emanging				

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)

ţ.

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.

•			(T) .vee
Example: X_Change X_Remove X_Add	V Mike	Doe e Jones y Smith	Address
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	EMILY AVERKAMP	
Add Remove			<u>YVEST PALM BEACH</u> FL 33411
2) Change	VP	DAVID TAYLOR	5004 EL CLARO CR
Add Remove			WEST PALM BEACH FL 33415
3) Kennore	p	MARGARET C SANTO	S 8163 PINE CAY RD
Add Remove			WELLINGTON, FL 33414
4) X Change	<u>νρ</u>	KIM GENOVESE	6124 NORTH GUAVA LN
Add			LANT ANA FL 33462
5) Change	<u>S</u> _	C.RICHARD GENOVE	ESE 6124 NORTH GUAVA LA
Add			<u>LANTANA, FL</u> 33462
6) Change	T	PHOEBE T. ROTH	3400 SPRINGDALE BLVD
_ / Add			PALM SPRINGS, FL 7104
Remove			.33461

E. If amending or adding additional Articles, enter change(s) here (attach additional sheets, if necessary). (Be specific)			
attach additional sheets, if necessary). (Be specific)			
,	The second secon		
None			
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fective date <u>if applicable</u> :	(no more than 90 days after amena	lment file datej	
option of Amendment(s)	(CHECKONE) hoan	manciments to Aeri	cios o
To amendment(s) was/were adwas/were sufficient for approva	dopted by the members and the number of		
Dated Signature	bers entitled to vote on the amendment(s). 3 - 20/4 M. A. J. Thus: of the board, presiden selected, by an incorporator – if in the least of the board.	ent or other officer-if directors	
	appointed fiduciary by that fiduciary)		
have not bee other court a	Typed or printed name of person signing	tos	



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2014

CATHERINE J. WEISS THE ROBERT SHARON CHORALE INC 571 INDIGO AVE WELLINGTON, FL 33414

SUBJECT: THE ROBERT SHARON CHORALE, INC.

Ref. Number: N09000003705

We have received your document for THE ROBERT SHARON CHORALE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If there are <u>MEMBERS ENTITLED TO VOTE</u> on a proposed amendment, the document must contain: (1) the date of adoption of the amendment by the members and (2) a statement that the number of votes cast for the amendment was sufficient for approval.

If there are <u>NO MEMBERS OR MEMBERS ENTITLED TO VOTE</u> on a proposed amendment, the document must contain: (1) a statement that there are no members or members entitled to vote on the amendment and (2) the date of adoption of the amendment by the board of directors.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 014A00023807:

www.sunbiz.org

Division of Comparations D.O. DOV 6997 Wellaharma Florida 9991

and of the same

No

Several mentions to meeting to me