## 701937

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	Players, Inc.		
701937 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee			
Please return all correspondence concerning th	is matter to the following:		
Bryce Alexander			
	(Name of Contact	Person)	
The Naples Players, Inc.			
	(Firm/ Compa	iny)	
701 5th Ave. S			
	(Address)	···	
Naples, FL 34102			
	(City/ State and Zi	p Code)	
phanson@naplesplayers.org			
E-mail address: (to	be used for future annual i	eport notificatio	n)
For further information concerning this matter	, please call:		
Bryce Alexander		239 at	434-7340
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	nade payable to the Florid	a Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of		Certity is Certity (Add	0 Filing Fee icate of Status ied Copy itional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Sect	ion .

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

The Naples Players, Inc.		1/ 11.
(Name of Corporation a	s currently filed with the Flori	da Dept. of State)
701937		
(Docume	nt Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006. Florid amendment(s) to its Articles of Incorporation:	la Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the c	orporation:	
N/A		The new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporation" or "incorporated	
no de la companya de	N/A	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		<del>-</del> <del>-</del>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>N/A</u>	
D. If amending the registered agent and/or registe	ered office address in Florida,	enter the name of the
new registered agent and/or the new registered		
Name of New Registered Agent:	√A	
	√A	
<u></u> <u>New Registered Office Address</u> :	(Fk	rida street address)
-	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent:	·
<del></del>	Signature of New Registe	red 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>Mil</u>	n Doe te Jones i <u>v Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Т	Purcell, Steve	3310 Fanny Bay Lane
Add			Naples, FL 34114
X Remove			
2) Change	Т	Uek, Robert	536 Tierra Mar Lane
X Add			Naples, FL 34108
Remove			
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter enange(s) nere:  (attach additional sheets, if necessary). (Be specific)							
N/A							
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Γhe	date of each amendment(s) adoption:	, if other than the
	this document was signed.	
Effe	ective date if applicable:	.—.
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	be listed as the
Ado	option of Amendment(s) (CHECK_ONE)	
8	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 <u>5/5/2023</u>	
	Signature ( West )	_
	(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)  VENUIS CLASS  (Typed or printed name of person signing)	
	Sorro RESIDENT	