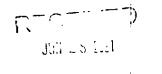
701937

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JUL 27 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Naples Players, Inc.	
DOCUMENT NUMBER: 701937	
The enclosed Articles of Amendment and fee are submitted for fili	ing.
Please return all correspondence concerning this matter to the follo	owing:
Bryce Alexander	
(Name of Co	ontact Person)
The Naples Players, Inc.	
(Firm/ C	Company)
701 Fifth Avenue S	
***************************************	dress)
Naples, FL 34102	
(City/ State	and Zip Code)
phanson@naplesplayers.org E-mail address: (to be used for future ar	nnual report notification)
For further information concerning this matter, please call:	
Bryce Alexander	at _239
(Name of Contact Person)	(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 & □\$43.75 Filing Fee & Certificate of Status Certified (Additional enclosed)	Copy Certificate of Status al copy is Certified Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

Articles of Amendment to Articles of Incorporation of

The Naples Players, Inc.						
(Name of Corporation as currently filed with the	: Florida D	ept. of State)			
701937						
(Docum	ent Numbe	er of Corporat	tion (if known)			
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florid</i>	a Not For Profit	Corporation adopts	the follo	wing
A. If amending name, enter the new name of the	corporati	on:				
N/A					Tho	new
name must he distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporati	ion" or "inco	orporated" or the	abbreviation "Corp.	or "L	nc."
B. Enter new principal office address, if applica	ble:	N/A				
(Principal office address MUST BE A STREET A						
				·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX</u>)	N/A				
		1				
						
D. If amending the registered agent and/or registered agent and/or the new registered	stered office	<u>e address in</u> Idress:	Florida, enter th	e name of the		
Name of New Registered Agent:	N/A					
	N/A					
New Registered Office Address:			(Florida stree	t address)		
The second secon						
		1674.		, Florida	-	
		(City)		(Zip Code)		
New Registered Agent's Signature, if changing R	legistered A	Agent:				
I hereby accept the appointment as registered agent	. I am fam	tiliar with and	d accept the oblig	ations of the position	1.	•
					21	*** -
_					>=	
	Sig	mature of Ne	w Registered Age	nt, if changing	29	
					2 2	*
					÷.,	

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>N</u>	ohn Doe 1ike Jones ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	Р	GLASS, DENNIS	1275 Galleon Drive Naples. FL 34102
X Remove2) Change Add	EVP	HANEY, ALYSSA	240 Quail Forest Blvd. #216 Naples, FL 34105
X Remove 3) Add X Remove	<u>S</u>	McELRATH, DAVID	2375 Tamiami Trail N., Ste 207 Naples, FL 34103
4) Change Add	P	MONSON, PEGGY	Naples, FL 34119
Remove 5) Change	EVP	JAFFE, ALAN	16656 Lucarno Way Naples, FL 34110
Remove 6) Change	<u>S</u>	IMMEL, OTTO	635 Palm Circle E Naples, FL 34102
E. If amending or additional sheet		al Articles, enter change(s) here: ary). (Be specific)	
N/A			

•
4
1 100 2
The date of each amendment(s) adoption: April 35 302 , if other than the
date this document was signed.
A
Establish data to annihilation (M. c. 13 4 2 2 2)
The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) , if other than the
(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 not be listed as the
document's effective date on the Department of State's records.
Adoption of Amendments
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

Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected by ah incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Typed or printed name of person signing)