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Page 1 of I

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

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Account Number : FCA000000023

Phone : (850)222-1092 Fax Number : (850)878-5368

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COR AMND/RESTATE/CORRECT OR O/D RESIGN THE TAMPA ORATORIO SINGERS, INC.

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

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TO: Amendment Section

COVER LETTER

Division of Corporations THE TAMPA ORATORIO SINGERS, INC. 713978 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALLISON REED (Name of Contact Person) THE TAMPA ORATORIO SINGERS, INC. (Firm/ Company) **POST OFFICE BOX 5124** (Address) TAMPA, FLORIDA 33675 (City/ State and Zip Code) AREED316@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALLISON REED Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section

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

FILED 2014 JUL 29 AMII: 25

	Articles of Amendment	Sin
	to Articles of Incorporation of	OF STATE
THE TAMPA ORATORIO SIN	IGERS, INC.	
(Name of Corporation as currently filed w	ith the Florida Dept. of State)	
713978		
(Document Nu	umber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For F	Profit Corporation adopts the following
A. If amending name, onter the new name of the	o corporation:	
		The new
name must be distinguishable and contain the wore	d "corporation" or "incorporated" i	
<u>"Company" or "Co." may not be used in the nam</u>	£ .	
B. Enter new principal office address, if applica	ıble:	
(Principal office address MUST BE A STREET A		
	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	ROY)	
(intuiting dumes) MAT DE AT COST OF LICE	<u> </u>	
	 · · · · · _ ·	
D. If amending the registered agent and/or regi		iter the name of the
new registered agent and/or the new register	TA Office and reas:	
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
N Designed & courts Claustone 15 - bessies 1	Durletand Americ	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		e obligations of the position.
Siauat	ure of New Registered Agent, if chan	nging
Signai	are of iven neginered rigerii, y chan	igereg

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and uddress 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>Mi</u>	in Doe ke lonea ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change	<u>T</u>	Catherine Pereira	4206 W. Estrella
Add			Tampa, FL 33629
X Remove			
2) Change	<u>T</u>	Keith Maurer	3203 Bayshore Blvd.
X Add			#1401
Remove			Tampa, FL 33629
3) Change	<u>s</u>	Michelle Van Dyke	415 Danube Avenue
Add			#B4
X Remove			Tampa, FL 33606
4) Change	S	Rich Dawson	3100 82nd Way W.
X Add			St. Petersburg, FL
Remove			33710
5)Change '			
Add			
Remove			
ර) Change			
Add			
Remove		Page 2 of 4	

if amendine or addin attach additional sheet	s, if necessary).	(Be specific)				
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Page 3 of 4

	this document was signed.	, if other than the				
EM	(no more than 90 days after amendment file date)					
	(no more trum 50 days after amenament fue date)					
Adı	option of Amendment(s) (CHECK ONE)					
	The amendment(s) was/were adopted by the members and the number of votes east 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 7/29/2014					
	Dated 7/29/2014 Signature 9/163m Bull					
	(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)					
	ALLISON REED					
	(Typed or printed name of person signing)					
	PRESIDENT					
	(Title of person signing)					