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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Haines Lity Community Theatre, Inc 759162 DOCUMENT NUMBER: ____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Vernon Lee Matheny (Name of Contact Person) Haines C.L. Community Theatie, Inc (Firm/ Company) 10 Box 1452 (Address) Haines City, FL 33845 (City/State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 924 - 2835 (Daytime Telephone Number) hris Walsh (Name of Contact Person) 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 & □\$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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Pursuant to the provisions of section 617, 1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following mendment(s) to its Articles of Incorporation: •. If amending name, enter the new name of the corporation: •. If amending name, enter the new name of the corporation: •. If amending name, enter the new name of the corporation: •. If amending name, enter the new name of the corporation: •. If amending name, enter the new name of the corporation: •. If amending name, enter the new name of the corporation: •. If amending name, enter the new name of the corporation: •. If amending name, enter the new name of the corporation: •. If amending name, enter the new name of the corporation: •. If amending name, enter the name: •. If anter new principal office address; if applicable:: (Mailing address; MUST BE A STREET ADDRESS) •. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address: Name of New Registered Agent:	(<u>Name of Corporation as currently filed with the Fibrida Dept. of State</u>) 759/62 (Document Number of Corporation (if known)	
Same of Corporation as currently filed with the P&rida Dept. of State) Image: State of Corporation (if known) ursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following nendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: Image: Mark to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following nendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: Image: Mark to the provision of section of the name of the corporation or "incorporated" or the abbreviation "Corp." or "Inc." Image: Company" or "Co." may not be used in the name. Enter new principal office address, if applicable: rincipal office address, if applicable: (Mailing address, if applicable: (Mailing address, MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address: Name of New Registered Agent: (Floridu street uddress) Name of New Registered Agent: (Floridu street uddress)	<u>Name of Corporation as cufrently filed with the Fibrida Dept. of State</u>) <u>759/62</u> (Document Number of Corporation (if known) ursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following the following statutes are subjected by the following statutes are subje	
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(Florida street uddress) <u>New Registered Office Address</u> : Florida		
<u>New Registered Office Address</u> : . Florida	Name of New Registered Agent:	
Florida		
, Florida		
	(City), Florida (Zip Code)	

Signature of New Registered Agent, if changing

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	PTJohn DoeVMike JonesSVSally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
(i) Change Add		
Remove		·
2) Change Add	 	
3) Remove 3) Change Add Remove		
4) Change Add		
Remove		<u></u>
5) Change Add		
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	ling additional Articles, enter change(s) here: cets, if necessary). (Be specific)	
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date this document was signed.

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Effective date if applicable: 5/8/2013 (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 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.

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There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

. . . . -6 May 2023 Dated Signature _____

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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)

(Typed or printed name of person signing)

(Title of person signing)