

1100000000 1236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

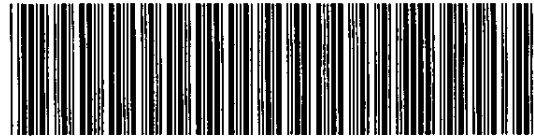
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100244512531

02/11/13--01025--007 **35.00

Amend

FILED

13 MAR -4 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 05 2013

T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2013

DEBBIE RONK
MALTZ JUPITER THEATRE, INC
1001 E INDIANTOWN RD
JUPITER, FL 33477

SUBJECT: MALTZ JUPITER THEATRE, INC.
Ref. Number: N00000001236

RECEIVED
FEB 19 2013
MALTZ JUPITER THEATRE

RECEIVED
FEB 19 2013
BY: DEB

We have received your document for MALTZ JUPITER THEATRE, 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):

There is no statutory provision to file articles of correction to correct an annual report; However, you can file an amendment.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 913A00003516

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Maltz Jupiter Theatre, Inc.

DOCUMENT NUMBER: NO00000001236

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debbie Ronk

(Name of Contact Person)

Maltz Jupiter Theatre, Inc.

(Firm/ Company)

1001 E. Indiantown Rd.

(Address)

Jupiter, FL 33477

(City/ State and Zip Code)

DRONK@jupitertheatre.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Ronk

(Name of Contact Person)

at (561) 972-6112

(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 &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed)

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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

13 MAR -4 AM 8:12

RECEIVED

ALREADY PAID
CK # 22854 2/7/13

Articles of Amendment
to
Articles of Incorporation
of

FILED

13 MAR -4 PM 4: 11

Maltz Jupiter Theatre, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

NO00000001236

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Title Only)

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change	<u>Treasurer</u>	<u>Debra Elmore</u>	<u>455 NE 5th Ave D291</u>
<input checked="" type="checkbox"/> Add			<u>Delray Beach, FL 33483</u>
<input type="checkbox"/> Remove			

2) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>Registered Agents</u> <u>Andrew Kato</u>	<u>(new title)</u>
<input type="checkbox"/> Add		<u>Producing Artistic Director</u>	<u>4736 Chancellor Dr</u>
<input type="checkbox"/> Remove		<u>#21</u>	<u>Jupiter, FL 33458</u>

3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: N/A

Effective date if applicable: N/A
(no more than 90 days after amendment file date)

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 2-26-13

Signature [Signature]

(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)

Andrew Kato
(Typed or printed name of person signing)

Producing Artistic Director
(Title of person signing)