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COVER LETTER

TO: Amendment Section **Division of Corporations**

	nphonic Chorus, Inc.
N02000000962 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	matter to the following:
Anthony Contino, President	
	(Name of Contact Person)
Fort Myers Symphonic Chorus, Inc.	
	(Firm/ Company)
6900 Daniels Parkway, Suite 29-193	
	(Address)
Fort Myers, FL 33912-7512	
	(City/ State and Zip Code)
acontino58@gmail.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call:
Carla Sledge	248 416-3716
(Name of Contact Per	rson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of Stat	Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street 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

Articles of Amendment

to

Articles of Incorporation

Earl Mi	<i>C</i>	of	(1000 = = =
(Name of Corporatio		WISHOUT C	MUIGS, IM.
(<u>traine or Corporatio</u>		CYCL ~	ida Dept. of State)
I Whe	<u>ll</u>	460	
(Docu	ment Numb	er of Corporation (if ki	nown)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporati	on:	
	- <u>-</u>		The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam	d "corporat <u>ie</u> .	ion" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ahle.	N/A	
(Principal office address MUST BE A STREET			
C. Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BQX)		
D. If amending the registered agent and/or regi	stered affic	e eddress in Florida	ontor the name of the
new registered agent and/or the new register	ed office ac	idress:	enter the name of the
	N/A	<u>_</u>	
Name of New Registered Agent:	-		
N B 1 100 11		(Flo	rida street address)
New Registered Office Address:			
			_ , Florida
		(City)	(Zip Code)
Now Dominton d A			• •
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent		_	
, , , and approximately and a gent	Registered A	Agent:	he obligations of the position
	Registered A t. I am fam	Agent: iliar with and accept t	he obligations of the position.
	Registered A t. Lam fam	Agent: illiar with and accept t	\$ #
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_	t. I am fam	tiliar with and accept t	red Agent, if changing 8
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	i. I am fam Sig	tiliar with and accept t	red Agent, if changing 8
	i. I am fam Sig	tiliar with and accept to	red Agent, if changing 8

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, as 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>Mik</u>	n Doc se Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Director	Aaron P. White	8601 S. Lake Circle
X —— Add			Fort Myers, FL 33908
Remove			
2) Change	Director	Benjamin Ball	1483 Cumberland Court
X Add			Fort Myers, FL33919
Remove			
3)Change	Director	Harold Kurtz	13883 Lily Pad Circle
X Add			Fort Myers, FL 33907
Remove			
4) Change	Secretar	Jennifer Cox	4015 Palm Tree Blvd., 401
X Add			Cape Coral, FL 33904
Remove			
5) Change	Secretar	Pamela	23 Windwood CT
Add			Fort Myers, FL 33919
x Remove			
6) Change			<u> </u>
Add			
Remove			

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

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	_
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this odocument's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendr was/were sufficient for approval.	nent(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/adopted by the board of directors.	were
Dated October 9, 2018	
Signature Cathody Costerd	
(By the chairman or vice chairman of the board, president or other officer-if direction have not been selected, by an incorporator – if in the hands of a receiver, trusted other court appointed fiduciary by that fiduciary)	c, or
Anthony Contino	
(Typed or printed name of person signing)	
President	
(Title of person signing)	