## 1. NOSO00932/

| (Re                     | equestor's Name)                       |      |
|-------------------------|--|------|
|                         |  |      |
| (Ac                     | ldress)                                |      |
|                         |  |      |
| (Ao                     | ldress)                                |      |
| (Cit                    | ty/State/Zip/Phon                      | e #) |
| <u></u>                 |  |      |
| PICK-UP                 | ☐ WAIT                                 | MAIL |
|                         |  |      |
| (Bu                     | siness Entity Nar                      | me)  |
| (Do                     | cument Number)                         |      |
| Ç                       |  |      |
| Certified Copies        | ertified Copies Certificates of Status |      |
|                         |  |      |
| Special Instructions to | Filing Officer:                        |      |
|                         |  |      |
|                         |  |      |
|                         |  |      |
|                         |  |      |
|                         |  |      |
|                         |  |      |

Office Use Only

300080569103

m/in/06--01028--001 \*\*43.75

FILED

OG OCT 10 PH 3: 46

SLCRETARY OF STATE

/3 10/10/00 Amenio

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: Brevard Theatrical Ensemb  |  |  |
|---|--|--|
| DOCUMENT NUMBER: N 0 5 00000 9321   |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |
| Sara L. Harvell (Name of Contact Person)  |  |  |
| (Firm/ Company)   |  |  |
| PO BOX 5/04/3 (Address)   |  |  |
| melbace re Boach, PC 3295/  |  |  |
| For further information concerning this matter, please call:  |  |  |
| (Name of Contact Person) at (321) 726-8887.  (Area Code & Daytime Telephone Number)   |  |  |
| Enclosed is a check for the following amount:   |  |  |
| S35 Filing Fee S43.75 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed) |  |  |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building                                |  |  |

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of Bread Trank 15 STATE (Name of corporation as currently filed with the Florida Dept. of State) (Name of corporation as currently filed with the Florida Dept. of State) (Document number of corporation (if known) 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: NEW CORPORATE NAME (if changing): (must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation) AMENDMENTS ADOPTED (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

This organization is organized
exclusively for charitable, religious,
educational, and scientific
purposes under section 501(c)(3)
of the Internal Revenue Code, or
Corresponding section of any
future fedoral toxade.

| The date of adoption of the amendment(s) was: 6 0 do be-2006  Effective date if applicable: 6 0 chobe - 780 6   |
|---|
| Effective date if applicable: 6 October 700 6 (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 cas for the amendment was sufficient for approval.   |
| There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.   |
| Signature  (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by antineorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) |
| Sara L. Harvell (Typed or printed name of person signing)   |
| Treasure<br>(Title of person signing)   |

FILING FEE: \$35