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Amend

APR 29 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: FRINGE THEATER OF KEY WEST, 1
DOCUMENT NUMBER: NO 9 00000 4666
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSEPH M. VIANA (Name of Contact Person)
(Name of Contact Person)
PRINGE THEATER OF KEY WEST, INC.
(Firm/Company)
1523 WASHINGTON ST.
(Address)
KEY WEST FL 33040 (City/ State and Zip Code)
(City/ State and Zip Code)
BAKELVIANA @ AOLICOM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 305-296-4761 (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Street Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of

Ko	
FRINGE THEA	
(Name of Corporation as	currently filed with the Florida Dept. of State)
	0004666
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:
	The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD</u>	KEY WEST, FL 33040
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	Y)
(P. C
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new	
Name of New Registered Agent:	1523 WASHINGTON ST
	(Florida street address)
New Registered Office Address:	
And the second s	NE 9 DEST Florida 33040 (City) (Zip Code)
New Registered Agent's Signature, if changing Regi	,
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
	Om/m Huma
	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: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>P</u>	PETER KING	1625 YON PHYSIER
Remove			<u>33048</u>
2) Change	<u>P</u>	VANET BENGEL	•
Add Remove			KEY WEST FL 33040
3) Change	VP	JOHN H. DE WALD	1223 PETRONIA ST
Add Remove			KRY WEST FL
4) Change	5	MONNIE KING	1625 You THY STER
Add Remove			KEY WEST FL 33040
5) Change	T	JOSEPH M. VIANA	1
Add			164 WEST FL. 33040
Remove	T	THOMAS CLEMENTS	
6) Change Add	-/	1 FOURD COUNTY	KEY WEST FL
Remove		Page 2 of 4	33040
/ A XD	<	JUDY HADLEY	1860 ATLANTIC C322

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

The date of each amendment(s) adoption: 3/1/16 date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(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 we document's effective date on the Department of State's records.	vill 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 amendment(was/were sufficient for approval.	s)
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 4/24/16	
Signature AMT BUNK!	
By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Janet Bengel (Typed or printed name of person signing)	
(Typed or pristed name of person signing)	
President	•
(Title of person signing)	