

N090000011908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

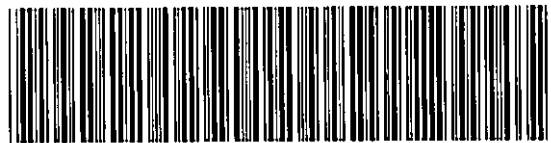
(Business Entity Name)

(Document Number)

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Amend

DEC 14 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CIRCUS PRODUCERS ASSOCIATION, INC.

DOCUMENT NUMBER: N09000011908

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

Please return all correspondence concerning this matter to the following:

JOHN J. MERCURIO

Name of Contact Person

MERCURIO AND MAXWELL CPAS, LLC

Firm/ Company

713 S. ORANGE AVE., SUITE 103

Address

SARASOTA, FL 34236

City/ State and Zip Code

JOHN@JMCPC.NET

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

For further information concerning this matter, please call:

JOHN J MERCURIO

at (941)

706-4632

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

☒ \$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

Articles of Amendment
to
Articles of Incorporation
of

CIRCUS PRODUCERS ASSOCIATION, INC.

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

~~NO900001908~~

NO9000011908

(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:

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)

713 S ORANGE AVE., SUITE 103

SARASOTA, FL 34236

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O MERCURIO AND MAXSWELL CPAS LLC

713 S. ORANGE AVE., SUITE 103

SARASOTA, FL 34236

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:

JOHN J. MERCURIO

713 S ORANGE AVE., SUITE 103

(Florida street address)

New Registered Office Address:

SARASOTA

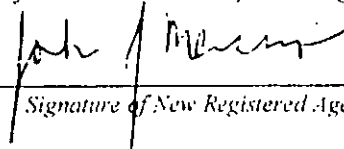
(City)

Florida 34236

(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.


Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>ZERBINI, JEAN CHARLES</u>	<u>2317 SOUTH NOEL ST</u>
<input type="checkbox"/> Add			<u>WEBB CITY, MO 64870</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>ST</u>	<u>MORRIS, RON</u>	<u>2250 GULF GATE DRIVE STE B</u>
<input type="checkbox"/> Add			<u>SARASOTA, FL 34231</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>ST</u>	<u>HAMID, JR. JAMES M.</u>	<u>3016 TREMONT AVE.</u>
<input checked="" type="checkbox"/> Add			<u>EGG HARBOUR TOWNSHIP, NJ</u>
<input type="checkbox"/> Remove			<u>08234</u>
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			

N/A

DECEMBER 7, 2018

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: N/A
(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.
- ☒ 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 DECEMBER 7, 2018

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)

JAMES M HAMID JR

(Typed or printed name of person signing)

ST

(Title of person signing)