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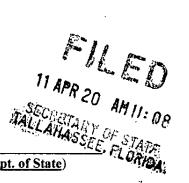
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	Palantion: Palantier	aver Tree Th	neater Co	mpai	ny, Inc.	
DOCUMENT	NUMBER: <u>N1000</u> 0	000 6034 63	04			
The enclosed A.	rticles of Amendment	and fee are subm	itted for filir	ng.		
Please return all	correspondence conce	erning this matter	to the follo	wir 3:		
	· · · · · · · · · · · · · · · · · · ·		onaldson			
		(Name of C	ontact Perso	n)		
_	Pa	laver Tree The	eater Com	pany, I	nc.	
			Company)			
	2	32	12!	5		
-	· 2	23 Martin Luti	dress)	r. Biva		·
		(Ad	uress)		0.22	
		Crawfordvi	ن FL 323 عا	27		
•		(City/ State			<u> </u>	
		(===,	-			
	ţ	palavertreethe	ater@gma	il.com		
_	E-mail addr	ess: (to be used	or future an	nual rep	ort notificatio	n)
For further info	rmation concerning this	s matter, please o	all:			•
Herb Donald	son		at (71	8)	682-3870	Telephone Number)
1)	Name of Contact Perso	n)	(A	rea Cod	e & Daytime î	Telephone Number)
Enclosed is a ch	eck for the following a	ımount made pay	able to the F	lorida I	Department of	State:
(1) \$35 Filing Fe	despiteate of	ng Fee & Státus	S43.75 Certified C (Additional enclosed)	Copy I copy i	s	□ \$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	1. Age. 11	Ar Di Cli 26	vision of fton Bui 61 Exect	t Section Corporations	rcle

Articles of Amendment to Articles of Incorporation



Palaver Tree Theater, Inc.

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

N10000006034-6304
(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

	e Theater Compar		
e new name must be distinguishable and breviation "Corp." or " Inc." <u>"Company"</u>			ncorporated" or the
Enter new principal office address, if a rincipal office address MUST BE A STRE		- . -	
,			
Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)			
(Mailing univess MAT BE A FOST OFT	TCE BOX		
			
If amending the registered agent and/or new registered agent and/or the new re			nter the name of th
			enter the name of th
new registered agent and/or the new re Name of New Registered Agent:	gistered office addres	<u>s:</u>	enter the name of th
new registered agent and/or the new re	gistered office addres		enter the name of th
Name of New Registered Agent:	gistered office addres	<u>s:</u>	enter the name of th
new registered agent and/or the new re Name of New Registered Agent:	(Florida s	s: treet address) City)	, 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)

<u>Țitle</u>	Name	<u>Address</u>	Type of Action
<u>s</u>	Margaret Thomas	4093 Benton Deive Tallchassee, Fl 32308	_ ☑ Add _ ☐ Remove
<u>T</u>	Tawanna Williams	Crawfordwille, Fec 32327	_ ☑ Add _ ☐ Remove
			_
E. <u>If amer</u> (a <i>ttach d</i>	nding or adding additional Articles, eadditional sheets, if necessary). (Be s	enter change(s) here specific)	
		<u> </u>	
	,		

The date of each amendmen	t(s) adoption: 4/10/2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator - if in the hands of a receiver, trustee, or er court appointed fiduciary by that fid J iary)
	Herb Donaldson (Typed or printed name of person signing)
	President President
	(Title of person signing)

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