## N1100000 5723

(Requestor	s Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing O	fficer:

Office Use Only



300342753853

04/08/20--01017--021 \*\*52.58

2020 M.D - 6 NH 7:55

C GOLDEN APR 21 2020

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	mpa Repertory	Theatı	´e
DOCUMENT NUMBER:	N1100000572	3	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.		
Please return all correspondence concerning this man	ter to the following:		
	C. Emilia	a Sarg	ent
	(Name of Contact Perso	n)	
	Tampa Rep	ertory	Theatre
	(Firm/ Company)		
16701 Sheff	ield Park Drive		
	(Address)		
Lutz, FL 335	549		
<del></del>	(City/ State and Zip Cod	le)	
	miliasargent@ta	•	. •
E-mail address: (to be use	ed for future annual report	notificatio	n)
For further information concerning this matter, pleas	e call:		
C. Emilia Sargent	at	81	3-318-1268
(Name of Contact Perso	n) (A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Dep	artment of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fee licate of Status lied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ameno Divisio	Address dment Sect on of Corpo Centre of T	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

## THE TAMPA REPERTORY THEATRE, INC.

iH 7:55

		762377 - 6 B
Name of Corporation as currently filed with the Florida D	ept. of State)	
N11000005723		
(Document Number	er of Corporation (if known)	<del> </del>
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit</i> (	Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
N/A		The new
name must be distinguishable and contain the word "corporate" "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the	
B. Enter new principal office address, if applicable:	16701 Sheffield	ld Park Drive
(Principal office address MUST BE A STREET ADDRESS)	Lutz, FL 33549	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16701 Sheffield Lutz, FL 33549	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		e name of the
Name of New Registered Agent;	C. Emilia Sargent	
Name of New Negatified Agent.	16701 Sheff	ield Park Drive
New Registered Office Address:	(Florida stree	33549
	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Registered		
hereby accept the appointment as registered agent. I am fan	tiliar with and accept the oblig	ations of the position.
	Emilia a	nont
Sig	nature of New Registered Age.	ny 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 Di Y Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	CEO/P/D	Emilia Sargent	16701 Sheffield Park Di
Remove 2) Change Add		C. David Frankel	37330 HICKORY HILL LANE Dade City, FL 33545
X Remove 3) Change x Add	D/S	Connie LaMarca-Frankel	37330 HICKORY HILL LANE Dade City, FL 33545
Remove  4) Change × Add	D/C	John King	5003 Chattam Lane Tampa, FL 33624
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	

	· · · · · · · · · · · · · · · · · · ·	<del></del>
		<del></del>
		<del>_</del>
		<del></del>
	<del></del>	
		<del></del>
	March 11, 2020	
The date of each amendment(s) adoption:	<u> </u>	, if other than the
date this document was signed.	11/4	
Effective date if applicable:	N/A	
(ne	more than 90 days after amendment file date)	
Note: If the date inserted in this block does r document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

Ø	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	April 3, 2020
	Signature C. Emilia Sacont
	(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)
	C. Emilia Sargent
	(Typed or printed name of person signing)
	CEO/President/Artistic Director

(Title of person signing)