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13 OCT 15 AM 10: 45

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## COVER LETTER .

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**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Tampa B	allet Theatre	e
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Lindsay Clark		
	(Name of Contact Person	1)
Tampa Ballet Theatre		
	(Firm/ Company)	
3705 Tampa Rd Suite #	3	
	(Address)	
Oldsmar, FL 34677		
	(City/ State and Zip Cod	e)
lindsay@tampaba	ayballet.com	า
E-mail address: (to be use	d for future annual report	notification)
For further information concerning this matter, please	e call:	
Lindsay Clark	<sub>at</sub> 813	814-0587  ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Depa	artment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton	Address  Imment Section  on of Corporations  Building  Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to

to
Articles of Incorporation

Tamp	sa Ba	l'let Tr	reatre, I	٥ر ،
(Name of Corporation as current)	<u>y filed with the Flor</u> インヘングライン	rida Dept. of State)		
(Documen	t Number of Corpora	tion (if known)		<b></b>
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat		s, this <i>Florida Not For P</i>	rofit Corporation adopts the	following
A. If amending name, enter the new na	me of the corporation	on:		
				_The new
name must be distinguishable and contain "Company" or "Co," may not be used in		ion" or "incorporated" o	or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, i	f annlicable:			
(Principal office address MUST BE A ST				_
}				-
				- APIC S
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C				3 <b>9</b> 000
induing dubess MAT DE AT OUT C	TTICE BOX			- CT #E
				- 5 0
				- <b>I</b>
D. If amending the registered agent and new registered agent and/or the new			ter the name of the	HIO: 4.
	Lindsay Cla	<del></del>		លា ភ្ញុំ។
Name of New Registered Agent:		a Rd Suite #3		
		Florida street address)		
New Registered Office Address:				
	Oldsmar		_, Florida 346//	
	(City)		(Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe Sign	ered agent. Fam fam	niliar with and accept the	obligations of the position.	

Page 1 of 4

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)

Evample:

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.

X Change X Remove X Add	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Lindsay Clark	112 Meadowcross Dr
X Add			Safety Harbor, FI
Remove			34695
2) Change	<u>V</u>	Alfred Mabey	3660 Eastbay Dr #1323
X Add			Largo, Fl
Remove			33771
3) Change	<u>T</u>	Scott Clark	112 Meadowcross Dr
X Add			Safety Harbor, Fl
Remove			34695
4) Change	S	Morris Hensley	111 Meadowcross Dr
X Add	,		Safety Harbor, FI
Remove			34695
5) Change		<u> </u>	
Add			
Remove			
6) Change	· 		
Add			
Remove		<u>.</u>	

If amending or adding additional A (attach additional sheets, if necessary)	). (Be specific)			
/a				
7.0				
· <del>-</del> · · · · · · · · · · · · · · · · · · ·				
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<del> </del>		<u> </u>		
		•		

The date of each amendment(s) adoption:	10/4/13
Effective date if applicable: 10/5/13	
	no more than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted b was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)
There are no members or members enti- adopted by the board of directors.	tled to vote on the amendment(s). The amendment(s) was/were
Dated 10/4/13 Signature	(lat) 10/4/13
have not been select	vice chairman of the board, president or other officer-if directors led, by an incorporator – if in the hands of a receiver, trustee, or did fiduciary by that fiduciary)
Lindsay Clark	
- (Typed	or printed name of person signing)
President of Bo	ard of Directors
(Title	of person signing)