

N1200000000047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

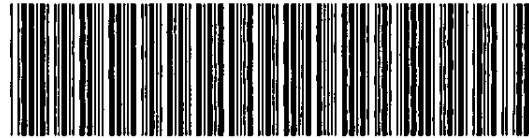
(Business Entity Name)

(Document Number)

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02/14/13--01024--009 **52.50

FILED
MAR 14 PM 1:06
CLERK OF COURT
JANET M. GRIFFIN

Amend / cc
cus
1a 3/14/13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **Encore Cast Performing Arts, Inc**

DOCUMENT NUMBER: **N12000000047**

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

Please return all correspondence concerning this matter to the following:

Tommi Flanary

(Name of Contact Person)

Encore Cast Performing Arts, Inc.

(Firm/ Company)

192 Spruce Pine Road

(Address)

Ocoee, FL 34761

(City/ State and Zip Code)

tommif@encorecentral.org

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

For further information concerning this matter, please call:

Tommi Flanary

(Name of Contact Person)

417 844-6931

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2013

TOMMI FLANARY 2ND MAILING
ENCORE CAST PERFORMING ARTS, INC.
P.O. BOX 22272
LAKE BUENA VISTA, FL 32830

SUBJECT: ENCORE CAST PERFORMING ARTS, INC.
Ref. Number: N12000000047

We have received your document for ENCORE CAST PERFORMING ARTS, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list an acceptable title for the officer/directors you wish to add.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 713A00003890

RECEIVED
13 MAR 14 AM 8:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2013

TOMMI FLANARY
ENCORE CAST PERFORMING ARTS, INC.
192 SPRUCE ROAD
OCOE, FL 34761

SUBJECT: ENCORE CAST PERFORMING ARTS, INC.
Ref. Number: N12000000047

P.O. BOX
22572
Lake Buena
Vista
32830

We have received your document for ENCORE CAST PERFORMING ARTS, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list an acceptable title for the officer/directors you wish to add.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 713A00003890

RECEIVED
13 MAR - 1 AM 8:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED
13 FEB 14 PM 1:06

Encore Cast Performing Arts, Inc

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

N12000000047

(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:

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)

192 Spruce Pine Road

Ocoee, FL 34761

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 22272

Lake Buena Vista, FL 32830

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:

Tommi Flanary

192 Spruce Pine Road

(Florida street address)

New Registered Office Address:

Ocoee, FL


(City)

, Florida 34761

(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

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 type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Bruce Light</u>	<u>7076 Ventnor Drive</u> <u>Windermere, FL 34786</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Liz Mushill</u>	<u>6713 Helmsley Circle</u> <u>Windermere, FL 34786</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Jamie Kern</u>	<u>604 Mulberry Ave</u> <u>Apt 1203</u> <u>Celebration, FL 34747</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Tommy Mendoza</u>	<u>3005 Marta Circle</u> <u>Apt 304</u> <u>Kissimmee, FL 34741</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Tommi Flanary</u>	<u>192 Spruce Pine Road</u> <u>Ocoee, FL 34761</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Luerne Herrera</u>	<u>439 Rona Lane</u> <u>Davenport, FL 33897</u>

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

Encore Cast Performing Arts, Inc is organized exclusively for charitable , religious, educational and/or scientific purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning section 501(c)(3) of the Internal Revenue code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for public purpose, Any such assets not disposed of shall be disposed of by court of competent jurisdiction in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purpose.

The date of each amendment(s) adoption: 01/10/2013

Effective date if applicable: 1/19/2013
(no more than 90 days after amendment file date)

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 ~~1/19/2013~~ 3/11/2013

Signature Tommi Flanary
(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)

Tommi Flanary
(Typed or printed name of person signing)

Director
(Title of person signing)