N12000004567

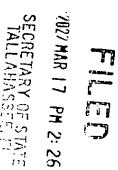
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	speare Company, Inc.			_
N12000004567 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Curt Blair				
	(Name of Contact Person	on)		
Southern Shakespeare Company				
	(Firm/ Company)			_
2801 Chancellorsville Dr. Suite 612				
	(Address)			_
Tallahassee, FL 32312				
	(City/ State and Zip Co	de)		
treasurer@southernshakes.org				
E-mail address: (to be	used for future annual repor	t notificatio	n)	
For further information concerning this matter, p	lease call:			
Bianca Montague	8 at	50	728-8523	
(Name of Contact Pe		vrea Code)	(Daytime Telephone Number)	_
Enclosed is a check for the following amount ma	ide payable to the Florida De	partment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address		t Address	ion	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Southern Shakespeare Company, Inc

2022 MAR 17 PM 2: 26

(Name of Corporation as currently filed with the Flo N12000004567	orida Dept. of State)	SECRETARY OF STAT TALLAHASSEE, FL	Έ
(Document	Number of Corporation		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida N	ot For Profit Corporation adopts the	e following
A. If amending name, enter the new name of the cou	rporation:		The ncw
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	prporation" or "incorpo	rated" or the abbreviation "Corp."	rne new or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)			
(Frincipal office duaress <u>MOST BE A STREET ADDI</u>	<u></u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	O NA		-
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	d office address in Flo	rida, enter the name of the	
	t Blair		
136	Progress Drive		
New Registered Office Address:		(Florida street address)	_
Tall	ahassee	Florida	
N D	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I de-	tered Agent: am familiar with and ac	cept the obligations of the position.	
	in ~ (B Treasure	
	Signature of New Re	egistered 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: X Change X Remove X Add	<u>V</u> <u>Mike</u>	<u>i Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	<u>P</u>	CHIP CHALMERS	2277 DIEHL DR. TALLAHASSEE, FL. 32308
x Remove			TABITHA FRAZIER
2) Change Add	<u>V</u>	SCOTT CARSWELL	PO BOX 10050 TALLAHASSEE, FL. 32302
Remove	<u>S</u>	BURT MITCHELL	1710 SUNSET LN TALLAHASSEE, FL. 32303
4) Change X Add	<u>T</u>	CURT BLAIR	2801 CHANCELLORSVILLE, DR TALLAHASSEE, FL 32312
× Remove			SAM N KIMELMAN
5) Change Add	CEO	BIANCA MONTAGUE	PO BOX 10050 TALLAHASSEE, FL 32302
× Remove			LIANE GIROUX
6) Change Add	<u>D</u>	LAURA GLENN	PO BOX 10050 TALLAHASSEE.FL. 32302
Remove			
(attach additional s)		Articles, enter change(s) here: a). (Be specific)	
NA	-		

ATTACHMENT TO AMMENDED NOT FOR PROFT CORPORATION ANNUAL REPORT

SOUTHERN SHAKESPEARE COMPANY, INC.

3/16/22

Officer/Director Detail:

Type of Action	<u>Title</u>	<u>Name</u>	<u>Address</u>
7) Change X Add Remove	D	Laura Glenn	P.O. Box 10050 Tallahassee, Fl. 32302
8) Change X Add Remove	D	Laura Johnson	P.O. Box 10050 Tallahassee, Fl. 32302
9) Change X Add Remove	D	Scott Carswell	P.O. Box 10050 Tallahassee, FL. 32302
10) Change X Add Remove	D	Wendy Weiner	P.O. Box 10050 Tallahassee, FL 32302

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7-7		_
		,
		
The disk of an in the second second	doption: 3/15/22	
deta this document was sixed	10ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
meetive date <u>ir appreziote</u> .	(no more than 90 days after amendment file date)	
	(no more than to days after temenament fix date)	
<u>Note:</u> If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were as was/were sufficient for approve	dopted by the members and the number of votes cast for the amendmen	t(s)

There are no membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
Dated	3/15/22
	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)
	CURT BLAIR
	(Typed or printed name of person signing)
	TREASURER
	(Title of person signing)