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SECRETARY OF STATE

DEC 11 2014

C. CARROTHERS

TO: Amendment Section Division of Corporations

Lake N	ona Young Artists, Inc.
N15000004	364
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and	I fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Maria Manitta	
	(Name of Contact Person)
	(Firm/ Company)
1908 Lazy Oaks Loop	
	(Address)
Saint Cloud, FL 34771	
	(City/ State and Zip Code)
mmanitta373@yahoo.com	
E-mail addres	s: (to be used for future annual report notification)
For further information concerning this re	atter, please call:
Maria Manitta	812 369-5258
(Name of Co	ontact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following am	ount made payable to the Florida Department of State:
	Filing Fee & \$\Bigcup \$\$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) \$\Bigcup \$\$\$ (Additional Copy is Enclosed) \$\Bigcup \$\$\$\$\$\$ (Additional Copy is Enclosed)
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Inc. (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts of Incorporation:

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:

Florida Initiative for Regional Student Theatre, Inc.

**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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

Articles of Amendment

Articles of Incorporation

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:	n/a		
New Registered Office Address:	(Florida street address)		
	(City)	, Florida, (Zip Code)	-

New Registered Agent's Signature, if changing Registered Agent:

Lake Nona Young Artists, Inc.

N15000004364

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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		<u> </u>	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artication (attach additional sheets, if necessary).	<u>cles, enter change(s) here</u> : (Be specific)
n/a	

	November 16, 2015	
	date of each amendment(s) adoption:, if other that	ı the
date	this document was signed.	
Effe	ctive date if applicable:	
	(no more than 90 days after amendment file date)	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.	1
Ado	ption 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 November 16, 2015	
	Signature Min MM	
	(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)	
	Maria Manitta	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	