

N19000002314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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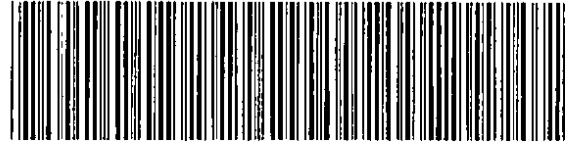
(Business Entity Name)

(Document Number)

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TALLA
DATE
P. 11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Players Circle Art Center, Inc

DOCUMENT NUMBER: N 19000002314

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

Please return all correspondence concerning this matter to the following:

Carrie Lund Cacioppo
(Name of Contact Person)

Players Circle Theater
(Firm/ Company)

945 Robalo Dr
(Address)

Fort Myers, FL 33919
(City/ State and Zip Code)

c/cacioppo@playerscircle.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carrie Lund Cacioppo at 239 980 3123
(Name of Contact Person) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATE
TALLAHASSEE
RECEIVED

Articles of Amendment
to
Articles of Incorporation
of

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

(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)

13211 McGregor Blvd
Suite 101 and 102
Fort Myers, FL 33919

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 new registered agent and/or the new registered office address:

Name of New Registered Agent:

13211 McGregor Blvd
(Florida street address)

New Registered Office Address:

Ft Myers, Florida 33919
(City) (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

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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>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|----------|-----------------------|--|
| 1) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>D</u> | <u>Ron Weaver</u> | <u>913 Robalo Dr</u>
<u>Ft Myers, FL 33919</u> |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>D</u> | <u>Susan Chicone</u> | <u>1314 Claret Ct</u>
<u>Ft Myers, FL 33919</u> |
| 3) <input type="checkbox"/> Remove
<input checked="" type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>D</u> | <u>Earl Quenzel</u> | <u>15798 San Antonio Ct</u>
<u>Ft Myers, FL 33908</u> |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add

<input type="checkbox"/> Remove | <u>D</u> | <u>Elaine Hawkins</u> | <u>6642 Daniel Ct</u>
<u>Ft Myers, FL 33908</u> |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add

<input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add

<input type="checkbox"/> Remove | | | |

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Amending the physical location

to: 13211 McGregor Blvd, suite 101 and 102,
Ft Myers, FL 33919

Lined area for text entry.

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SECRETARY OF STATE
TALLAHASSEE, FL

The date of each amendment(s) adoption: July 20, 2023, if other than the date this document was signed.

Effective date if applicable: July 20, 2023
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 July 20, 2023

Signature Carrie Lund Cacioppo
(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)

Carrie Lund Cacioppo
(Typed or printed name of person signing)

V.P.
(Title of person signing)

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SECRETARY
TALLAHASSEE, FL