N1900000 8517

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone #	() ()
PICK-UP	☐ WAIT	MAIL MAIL
/D.	siness Entity Name	<u>,, </u>
udy	Siness Entity Name	;)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

Raid the Stage, Inc	
N19000008517 POCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Audrey Schmidt	
(Name of Contact Person)	
Raid the Stage, Inc	
(Firm/ Company)	
Raider Place	
(Address)	
Plant City, FL 33563	
(City/ State and Zip Code)	
uidthestage@gmail.com	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
4isty Taylor 813 784-8525 at	
(Name of Contact Person) (Area Code) (Daytime Telephone Number	•)
nclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee	

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

Articles of Amendment to Articles of Incorporation of

Raid the Stage, Inc-					
Name of Corporation as currently filed with the	e Florida Dep	t. of State)			
N19000008517					
(Docum	nent Number o	of Corporation	(if known)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, t	his <i>Florida Ne</i>	ot For Profit Col	<i>rporation</i> adopts the	: following
A. If amending name, enter the new name of the	ie corporation	<u>:</u>			
N/A					The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	<u>1e</u> .		orated" or the ab	breviation "Corp."	
B. Enter new principal office address, if applica	<u>able:</u>	/A 			
(Principal office address <u>MUST BE A STREET A</u>	<u>4DDRESS</u>)				~>
					020 FEB 14 PH 1:
					- J34
C. Enter new mailing address, if applicable:	.	1/ A			=
(Mailing address MAY BE A POST OFFICE	BOX)	/A 			
					===
	_				
D. If amending the registered agent and/or regi	istered office :	address in Flo	orida, enter the i	name of the	
new registered agent and/or the new register	red office add	ress:			
Name of New Registered Agent:	N/A				-
			(Florida street aa	Idress)	
New Registered Office Address:	<u>;</u>				
				, Florida	
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ager	Registered Ag nt. I am famil	ent: iar with and a	ccept the obligat	ions of the position.	
-	Sione	ature of New k	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>v</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change Add		N/A	
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove		Done 2 of 4	
E. If amending or addir (attach additional shee		Page 2 of 4 nal Articles, enter change(s) here: ssary). (Be specific)	
Please add the following	Dissolu <u>tio</u>	on Clause.	
Upon the dissolution of the	his organ <u>iz</u>	zation, assets shall be distributed for one or more	exempt purposes within the meaning of
Section 501(c)(3) of the I	nternal Re	evenue Code, or corresponding section of any fut	ure federal tax code, or shall be
distributed to the federal	governme	nt, or to a state or local government, for a public	purpose.

Page 3 of 4
Tage 5 VI 4
The date of each amendment(s) adoption: 02/04/2020, if other than the date this document was signed.
Effective date if applicable: (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.

Signature (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) Misty Taylor
(Typed or printed name of person signing)
Treasurer
(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.