N22000002988

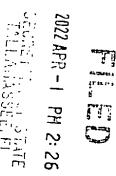
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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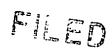
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Sanford and Orlando ON:	Entertainment		
DOCHMENT NUMBER.	N22000002988			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matt	er to the following:		
Myriel Reid				
		(Name of Contact	Person)	
Sanford and Orlando Entert	ainment			
***************************************		(Firm/ Compa	ny)	
2420 S. Holly Avenue				
		(Address)	·	
Sanford, Florida 32771				
		(City/ State and Zi	p Code)	
sherryw.sao@gmail.com				
l	-mail address: (to be used	d for future annual r	eport notificatio	n)
For further information con-	cerning this matter, please	call:		
Sherry Washington		;	407 at	473-2241
	(Name of Contact Persor			(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florid	a Department of	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee Teate of Status Ted Copy Stional Copy is Stocked)
Mailing /	Address	<u>s</u>	treet Address	

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



SANFORD AND ORLANDO ENTERTAINMENT	INC		2022 APR - 1 PM
Name of Corporation as currently filed with the		pt. of State)	
N22000002988			5.035 7017
(Docume	ent Number	of Corporation (if known)	3.17.17.00.20
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statutes	this <i>Florida Not For Profit Co</i>	rporation adopts the following
A. If amending name, enter the new name of the	corporatio	<u>n:</u>	
NA			The new
name must be distinguishable and contain the word	"corporation	on" or "incorporated" or the ab	breviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		11.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		NA	
		NA	
	- 1	NA	
	_		
C. Enter new mailing address, if applicable:	921Y)	NA	
(Mailing address MAY BE A POST OFFICE E		۸۸	
	-		
		NA	
D. If amending the registered agent and/or regis	tered office	address in Florida, enter the	name of the
new registered agent and/or the new registered	ed office ad	dress:	<u></u>
Name of New Registered Agent:	NA		
trame of their regimes as the	NA		
		(Florida street a	ddress)
New Registered Office Address:			
	NA		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing R	Registered A	Agent:	
I hereby accept the appointment as registered agent	t. I am fam	iliar with and accept the obliga	tions of the position.
	۲		
	NA		

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	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) × Change Add	<u>D</u>	Edward Woodly	605 Wingard Road, #13 Orlando, Florida 32809
Remove 2) × Change Add	<u>VT.</u>	Sherry Washington	325 S. Lancelot Avenue Orlando, Florida 32835
Remove 3) Remove x	<u>D</u>	Ashton Beauchesne	55 West Church Street Unit 2010 Orlando, Florida 32801
4) Change Add	<u>D</u>	Albert Armstrong, Sr.	222 Petunia Terrace, #106 Sanford, Florida 32771
Remove 5) Change Add	<u> </u>		
Remove 6) Change Add	11		
Remove E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
<u>NA</u>	<u></u> ,		

A-	
	
	
	 -
	
The date of each amendment(s) adoption: NA ate this document was signed.	if other than the
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 locument's effective date on the Department of State's records.	e listed as the
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.

Dated	March 30, 2022
Signat	(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)
	Sherry Washington
	(Typed or printed name of person signing)

(Title of person signing)