## N93000003838

(City/State/Zip/Phone #)					
(Document Number)					
Special Instructions to Filing Officer:					

Office Use Only



900312547679

04/30/18--01019--019 \*\*35.00



WHO S SUB

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:
N93000003838 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alan Gleit
(Name of Contact Person)
Atlantic Beach Experimental Theatre, Inc.
(Firm/ Company)
1015 Atlantic Blvd. #175
(Address)
Atlantic Beach, FL 32233
(City/ State and Zip Code)
alanabet@outlook.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alan Gleit 904 241-9966 at
(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:
\$\begin{align*} \begin{align*} \begin{align*} \begin{align*} \text{\$43.75 Filing Fee & \$\text{\$2.50 Filing Fee & Certificate of Status} \\ \text{\$Certified Copy (Additional copy is enclosed)} \end{align*} \text{\$Certified Copy (Additional Copy is Enclosed)} \end{align*} \text{\$1.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed)} \end{align*} \text{\$1.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)} \text{\$1.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)} \$1.75 Filing Fee & 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Atlantic Beach Experimental Theatre, Inc.

(Name of Corporation as current	tly filed with the Florida Dept. of State)
N93000003838	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
All Beaches Experimental Theatre, Inc.	The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	544 Atlantic Boulevard, Suite 16
Principal office address <u>MUST BE A STREET ADDRESS</u> )	Neptune Beach, FL 32266
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered offic	
new registered agent and/or the new registered office ac	ddress:
Name of New Registered Agent: N/A	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fan	
	gnature 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 Do Mike Jo Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_	N/A	
Add				
Remove				
2) Change		<del></del>		
Add				
Remove				
3) Change				
		_		-
Add Remove				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change	-	_		
Add				
Remove				

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
//A	
· · · · · · · · · · · · · · · · · · ·	
	<del></del>
,	
	······································

April 17, 2018	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
May 20, 2018  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 we document's effective date on the Department of State's records.	ill not be 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.	)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
April 19, 2018 Dated	
Signature Whaley R. Wacles	
(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)	<del></del>
Ashley Macko	
(Typed or printed name of person signing)	
President of the Board of Directors	
(Title of person signing)	