## N 9600000 6611

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: CARTAIN CA	Il Playhouse, Inc	_			
DOCUMENT NUMBER: <u>N 9 00000 66 //</u>		_			
The enclosed Articles of Amendment and fee are submitted for	filing.				
Please return all correspondence concerning this matter to the fo	_				
Jack Coffolf (Name of	f Contact Person)	_			
CURTON COM Play hallse (Firm/Company)					
2500 SE 316 STREET		_			
(,	Address)				
Pomparo Bosch, S/,	35062	_			
(City/ Sta	ite and Zip Code)				
CURTAINC AMPLY (a) Bollson	thouse 13	-			
	e annual report notification)	Ì			
For further information concerning this matter, please call:	-2				
Jack Offell Suf	at 954 290-1851 3				
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	İ			
Enclosed is a check for the following amount made payable to the	he Florida Department of State:				
	ed Copy Certificate of Status onal copy is Certified Copy				
Mailing Address	Street Address				
Amendment Section Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2017

JACK COFFELT CURTAIN CALL PLAYHOUSE 2500 SE 3RD STREET POMPANO BEACH, FL 33062

SUBJECT: CURTAIN CALL PLAYHOUSE, INC.

Ref. Number: N96000006611

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

IN ORDER TO FILE THE ARTICLES OF AMENDMENT, PAGE 4 OF 4 MUST BE COMPLETED AND THE ENTIRE DOCUMENT RESUBMITTED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 517A00021355

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www.sunbiz.org

MIVED

## Articles of Amendment Articles of Incorporation currently filed with the Florida Dept. of State) 90 000 66 (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: 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 new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (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.

Page 1 of 4

Signature of New Registered Agent, if changing

address of each Office (Attach additional shee) Please note the officer/of P = President; V = Vice	r and/or Directo ts, if necessary) director title by t President; T= 7 D= Chief Financ	or being added: he first letter of the office title: Treasurer; S= Secretary; D= Director; TR= Tr ial Officer. If an officer/director holds more th	r/director being removed and title, name, and rustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office
Changes should be note a change, Mike Jones le Mike Jones, V as Remo	eaves the corpore	ation, Sally Smith is named the V and S. These	PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change;
Example:  X Change X Remove X Add	<u>V</u> <u>Mik</u>	<u>1 Doc</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change Add Remove	<u> </u>	Stupet Howith	# 110 Et Lander of F/
2) Change Add	<u>_P</u>	Robert Silber	6278 N. Faler Huy # 253
Remove 3) Change Add	_D_	Takn Journy	2611 N. R. VIRGO DR # 866
Remove  4) Change  Add  Remove	_D	CONNIE Silbur	Parpero Basel, St. Tear.  Parpero Bosel, St.  33064
5) Change Add Remove	<del></del>		
6) Change Add Remove			· · · · · · · · · · · · · · · · · · ·

Page 2 of 4

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
1/1/	
<del></del>	<del>.</del>

AHA Walanda
The date of each amendment(s) adoption:  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 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 Office (1)
Signature Signature
(By the chairman or vice engineral 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)
Joek Coffelt
(Typed or printed name of person signing)
Socret Mil
(Title of person signing)