(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	ut Re	wnolds	But the for Film a
DOCUMENT NUMBER: 1990	000 12	51	
The enclosed Articles of Amendment and fee are s	ubmitted for i	iling.	
Please return all correspondence concerning this m	atter to the fo	llowing:	
Karthle	en 1	L02145	k;
			- Film and Theatre
100 N.US	Hay (Address)	/	
Inpiter (City's	=L 3	3477-	
E-mail address: (to be u			
For further information concerning this matter, pleasand the formation formation concerning this matter, pleasand the formation concerning the formation conc	•	56/)	148-0042 Daytimc Telephone Number)
Enclosed is a check for the following amount made	i		
\$35 Filing Fee	□ \$43. Certifie	75 Filing Fee & Copy onal copy	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	:	Street Address Amendment Se Division of Co Clifton Buildin 2661 Executive	ection rporations B

Tallahassee, FL 32301

## Articles of Amendment

## Articles of Incorporation

	DI ;	
Burt Reynolds	Institute for &	ilmond Theotre, INC
(Name of Corporation as currently file	d with the Florida Dept. of S	tate)
N9900001251		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida the following amendment(s) to its Articles of Incorporate		Profit Corporation adopts
A. If amending name, enter the new name of the cor	poration:	
,	<u>.</u>	
	:	
The new name must be distinguishabl <mark>e and contain th</mark> abbreviation "Corp." or " Inc." <u>"Company" or "Co." (</u>		corporated" or the
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u> E	RESS)	DIVIS :
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	)	FILED STATENS SECRETARY OF STATIONS OF CORPORATIONS ON 21 AM 11:50
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		nter the name of the
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	(Florida street address)	
	:	, Florida
	· (City)	(Zip Code)
T Butter 1. A of the control of the		<del>-</del>
lew Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. osition.		ept the obligations of the
Wittou:		

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>c</u> #	Suzanne Miedland	suite 490 Impiles FL 3	Add  Remove
<u></u>	Monte. Young	Tapiter, Ft 3	347-7 24 □ Add 324/8
	· · · · · · · · · · · · · · · · · · ·		Add Remove
	ing or adding additional Articles, enter ditional sheets, if necessary). (Be speci KAHLEEN KOZI	fic)	1 5 9 1 1 1 1 1 R
	7 Athleen Flozi	: Sunt	12 Indiontown Ro 12 416 New, 413347
		Jane	Acr. 4(33477
***************************************	- Link Ale	·	
			**************************************
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<u> </u>		:	
		•	

The date of each amendment(s) ad	option://7/2011
•	(date of adoption is required)
Effective date <u>if applicable:</u>	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado was/were sufficient for approval.	pled by the members and the number of votes cast for the amendment(s)
There are no members or member adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were
Dated/	13/11 Loot- Alan
(By thể ch have not t	nairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)
	(Time of person signing)

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