P17000021211

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JUN 14 2017



COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Cue Theatricals, Inc **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Joseph Capparelli Name of Contact Person Firm/ Company 127 West Fairbanks Ave #458 Address Winter Park, FL 32789 City/ State and Zip Code JoeyCapparelli@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 306-7273

Area Code & Daytime Telephone Number Joseph Capparelli Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Cue Theatricals, Inc			
(Name	of Corporation as current	ly filed with the Florida Der	ot. of State)
P17000021211			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation a	idopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or '	'Co". A professional corpoi	porated" or the abbreviation
B. Enter new principal office address.	if applicable:	N/A	
(Principal office address MUST BE A S		***************************************	
C. Enter new mailing address, if appli	icable:	NT/A	
(Mailing address MAY BE A POST		N/A	
			
D. If amending the registered agent an			me of the
new registered agent and/or the ne		<u>:</u>	
Name of New Registered Agent	N/A		
	(Florida str	reet address)	
New Registered Office Address:	N/A		. Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			na of the negition
Thereby accept the appointment as regist	ierea ageni. 1 am jamiliar	with and accept the obligation	ns of the position.
			The same
·	Signature of New I	Registered Agent, if changing	
			SE L
			- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

Page 1 of 4

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	<u>PT</u>	John Do	D Ç	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P		LINDERS, JEANETTE C	127 WEST FAIRBANKS AVE #4
Add				WINTER PARK, FL 32789
X Remove				
2) X Change	P		POLAND, JOHN	3450 FAIRFAX LANE
Add				DAVIE, FL 33330
Remove				
3) Change				
Add				<u> </u>
Remove				
4) Change				· .
Add				
Remove				<u> </u>
5) Change				
Add				
Remove				<u> </u>
6) Change				
Add				
Remove				
INCHIO YC				

nge, reclassification, or cancellation of issued shares,
ment if not contained in the amendment itself:
<u> </u>
<u>•</u> ••

The date of each amendment(s) adoption date this document was signed.	on;	, if other than the
Effective date if applicable:		
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departm	does not meet the applicable statutory filing requirements, this date will ment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
6/2/17		
DatedSignature	Hanette Cfinders	
(By a director selected, by	y, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
JEAI	NETTE LINDERS	
	(Typed or printed name of person signing)	
PRE	SIDENT	
	(Title of person signing)	