## N 18 0000 11030

| (Requestor's Name)                      |
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|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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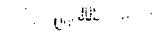
Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION             | Expressions Movements:                         | nt Studio, Inc.  |                  |  | _ |
|---------------------------------|--|--|------------------|--|---|
| N DOCUMENT NUMBER:              | 18000011030                                    |  |                  |  |   |
| The enclosed Articles of Amer   | ndment and fee are subm                        | itted for filing.  |                  |  |   |
| Please return all corresponden  | ce concerning this matter                      | to the following:  |                  |  |   |
| Patrice DeVore                  |  |  |                  |  |   |
|                                 | (  | Name of Contact Pers   | on)              |  | _ |
| Expressions Movement Studio     | o, Inc.  |  |                  |  |   |
|                                 |  | (Firm/ Company)  |                  |  | _ |
| 1541 S. Monroe St               |  |  |                  |  |   |
|                                 |  | (Address)  |                  |  | _ |
| Tallahassee                     |  |  |                  |  |   |
| <del></del>                     | (  | City/ State and Zip Co   | ode)             |  | _ |
| info@expressionsmovements       | tudio.org                                      |  |                  |  |   |
| E-r                             | nail address: (to be used                      | for future annual repor  | t notification   | n)   | _ |
| For further information concer  | ning this matter, please c                     | all:   |                  |  |   |
| Patrice DeVore                  |  | at   | 50               | 565-9643 option 1  |   |
| (:                              | Name of Contact Person)                        |  |                  | (Daytime Telephone Number)                                 | _ |
| Enclosed is a check for the fol | lowing amount made pay                         | able to the Florida De   | partment of      | State:   |   |
| ■ \$35 Filing Fee               | S43.75 Filing Fee & C<br>Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certif<br>Certif | 0 Filing Fee icate of Status ied Copy tional Copy is osed) |   |
| Mailing Ad                      |  |  | t Address        |  |   |
| Amendment                       | Section  | Ame  | ndment Secti     | ion  |   |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

of

| Expressions Movement Studio, Inc.                         |                                  | FIIF                                  |
|---|----------------------------------|---------------------------------------|
| (Name of Corporation as co                                | rrently filed with the Florid    | Dept. of State)                       |
| N18000011030  |                                  | 269 Ur 25 E                           |
| (Document )   | Number of Corporation (if know   |                                       |
| Pursuant to the provisions of section 617.1006, Florida S | totutou this Florida Not For I   | SECRETARY OF                          |
| amendment(s) to its Articles of Incorporation:            | tatutes, tills Pioriaa Not Por F | roja Corporation austra activa pengi  |
| •   |                                  |                                       |
| A. If amending name, enter the new name of the cor        | ooration:                        |                                       |
|   |                                  | The new                               |
| name must be distinguishable and contain the word "con    | rporation" 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 <u>MUST BE A STREET ADDR</u>    | ESS)                             |                                       |
|   |                                  |                                       |
|   |                                  |                                       |
| C. Enter new mailing address, if applicable:              |                                  |                                       |
| (Mailing address MAY BE A POST OFFICE BOX                 |                                  |                                       |
|   |                                  |                                       |
|   |                                  |                                       |
|   |                                  |                                       |
| D. If amending the registered agent and/or registered     | l office address in Florida, en  | ter the name of the                   |
| new registered agent and/or the new registered of         |                                  |                                       |
| Name of New Registered Agent:                             |                                  |                                       |
| Nume of New Regimered Agent.                              |                                  |                                       |
|   | (Flori                           | da street address)                    |
| New Registered Office Address:                            | (1.101)                          | au street auut (85)                   |
|   |                                  |                                       |
|   | (City)                           | , Florida<br>(Zip Code)               |
|   |                                  | (24)                                  |
| New Registered Agent's Signature, if changing Regis       |                                  | a obligations of the position         |
| I hereby accept the appointment as registered agent. I    | um jamuuar wun ana accept th     | e oougations of the position.         |
|   |                                  |                                       |
|   | Signature of New Register        | ed Agent if changing                  |
|   | Digitalian Copyrium Auguster     |                                       |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 D           V         Mike Je           SV         Sally S | ones        |                    |
|-----------------------------------|--|-------------|--------------------|
| Type of Action<br>(Check One)     | Title  | <u>Name</u> | <u>Addres</u> s    |
| 1) Change                         | Dir  | Rachel Matz | 1541 S. Monroe St. |
| Add                               |  |             | Tallahassee, FL    |
| x Remove                          |  |             |                    |
| 2) Change                         |  |             |                    |
| Add                               |  |             |                    |
| Remove                            |  |             |                    |
| 3 ) Change                        |  |             |                    |
| Add                               |  |             |                    |
| Remove                            |  |             |                    |
| 4) Change                         |  |             |                    |
| Add                               |  |             |                    |
| Remove                            |  |             |                    |
| 5) Change                         |  |             |                    |
| Add                               |  |             |                    |
| Remove                            |  |             |                    |
| <del></del>                       |  |             |                    |
| 6) Change                         |  |             |                    |
| Add                               |  |             | <del></del>        |
| Remove                            |  |             |                    |

| E. | If amending or adding additional Arti     | icles, enter change                   | (s) here:      |                                     |              |              |
|----|---|---------------------------------------|----------------|-------------------------------------|--------------|--------------|
|    | (attach additional sheets, if necessary). | (Be specific)                         |                |                                     |              |              |
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| _  |   |                                       |                |                                     |              |              |
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|    |   |                                       |                |                                     |              |              |
|    |   |                                       |                |                                     |              |              |

| The date of each amendment(s) adoption:  | , if other than th                       |
|--|--|
| Effective date if applicable: 2/2/2019   |  |
| (no more than 90 duys after amendment file date)   |  |
| <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.                              | its, this date will 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 was/were sufficient for approval.  | e amendment(s)                           |
| There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.   | t(s) was/were                            |
| Dated 2/3/2019   |  |
| Signature 1  |  |
| (By the chairman or vice chairman of the board, president or other office have not been selected, by an incorporator – if in the hands of a receive other court appointed fiduciary by that fiduciary) |  |
| Patrice DeVore   |  |
| (Typed or printed name of person signing)  |  |
| Director of Operations   |  |
| (Title of person signing)  |  |