## 737266

(Re	equestor's Name)	<u>.</u>
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	cument Number)	
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## **COVER LETTER**

**FO:** Amendment Section .

Division of Corporations

NAME OF CORPORATION: Gulfcoast Dance, Inc. **DOCUMENT NUMBER:** , The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gulfcoast Dance, Inc. Fort Myers FL (City/State and Zip Code) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: **■**\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is 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 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Gulforast Dance Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

737266

(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:

The new 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. <u>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:</u>

Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
	(Florida street address)	<del></del>
Registered Office Address:	,	
·		, Florida <u>*</u>
	(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.

Signature of New Registered Agent, if changing

Page 1 of 4

## If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	,	<u>Name</u>		Address
1)				
2)			- - -	
3)		_	_	
4)			- - :	
5)			- 	
6)			  -	
<u>If REMOVING</u>	an office	r and/or director, please list the	title(s) and	name of the officer/director to be removed:
Title(s)	Name		Title(s)	Name
1)			4)	
2)			5)	
3				

E. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). (Be specific)
Amendment to Apticles of Incorporation
of
Gulfcoast Dance Inc
TI. PURPOSES
(i.) Said organization is organized
exclusively for charitable and educational
purposes, idcluding, for such purposes, the making of distributions to organizations
that qualify as exempt organizations under
section 501(2)(3) of the Internal Revenue
Code or corresponding section of any
Code or corresponding section of any future tax code.

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