743190

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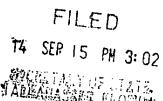
R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BOILEY PENSACOLA INC				
DOCUMENT NUMBER: 743190				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Courmey Dell (Name of Contact Person)				
Ballet Pensacola, Inc. (Firm/Company)				
400 S. Teffeson St. (Address)				
Pensacola, PL 32503 (City/ State and Zip Code)				
Courtney delle ballet pensacola. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (850) 432 - 9546 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation



Q W V Dagas	- 100	of	TABLEAU	117 - 1212 2 0 1212
(Name of Corporation as currently file	3CO19	Inc.	-1	ts recially
714 3190	ed with the Fio	rma Dept. of Stat	<u>e</u>)	
	nt Number of Co	orporation (if know	m)	
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:		•	,	tion adopts the following
A. If amending name, enter the new name o	of the corporati	on:		
				The new
name must be distinguishable and contain the "Company" or "Co," may not be used in the t	word "corporat <u>name</u> .	ion" or "incorpor	ated" or the abbrevio	ation "Corp." or "Inc."
B. Enter new principal office address, if app	plicable:			
(Principal office address <u>MUST BE A STREE</u>				
			····	
C. Enter new mailing address, if applicable				
(Mailing address <u>MAY BE A POST OFF</u>)	ICE BOX)			
D. If amending the registered agent and/or	registered offic	e address in Flor	ida, enter the name	of the
new registered agent and/or the new reg	istered office a	ddress:		
Name of New Registered Agent:				
Nau Pagistarad Office Address	-	(Florida street address)	
New Registered Office Address:				
_	(Citv)	<u>-</u>	, Florida	(Zip Code)
	, ,,			(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered			cept the obligations o	of the position.
	G		1	, , , ,
Sig	gnature 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)

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 I V Mike . SV Sally S	<u>Iones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
Change Add Remove	<u>P</u>	Edward Sheffield	400 S. Jefferson St Pensacola, FL 32502
2) Add Remove	<u>P</u> _	Rossheene	4005. Jefferon 8t. Pensacola, FL 32502
3) Change Add Remove	T	Peter Heck athorn	400 S. Jeffersonst Pensacola, FL 32502
4) Change Add Remove		Andrew Kent	400 S. Jefferson St. Pensacola, FL 32502
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Art attach additional sheets, if necessary).	· (Be specific)	
		
		_
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,		

The date of each amendment(s) adoption this document was signed.	ption:	, if other than the	
Effective date <u>if applicable</u> :	ffective date if applicable:		
	(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.	pted by the members and the number of votes cast for the amendment(s)		
There are no members or membe adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/were s.		
Dated9-	9-14		
Signature	Malan		
(By the charm have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)		
Ro	ss A. Keeve		
Presiden	Typed or printed name of person signing)		
	(Title of person signing)		