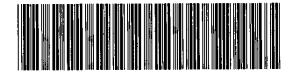
(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
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FEB 13 2019

T. LEMIEUA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: FUZION DANCE	ARTISTS INC.	
DOCUMENT NUMBE			
The enclosed Articles of	Amendment and fee are sub	omitted for filing.	
Please return all correspo	endence concerning this mat	ter to the following:	
G	Robert McLain Jr.		
_		Name of Contact Person	
М	etcalfe & McLain, P.A.		
_		Firm/ Company	
10	7 S. Osprey Ave., Ste. 210		
		Address	
Sa	rasota, FL 34236		
		City/ State and Zip Code	
rob.mcla	in@metcalfemclain.com		
	E-mail address: (to be us	ed for future annual report r	notification)
	oncerning this matter, pleas		
G. Robert McLain Jr.		at () 365-4174
Name of	Contact Person	Area Cod	e & Daytime Telephone Number
Enclosed is a check for the	ne following amount made p	payable to the Florida Depar	tment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division Clifton 2661 Ex	nent Section of Corporations Building secutive Center Circle ssee, FL 32301



January 29, 2018

G. ROBERT MCLAIN JR. 107 S OSPREY AVE STE 210 SARASOTA, FL 34236

SUBJECT: FUZION DANCE ARTISTS INC.

Ref. Number: N06000007581

We have received your document for FUZION DANCE ARTISTS INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Non-profit corporation the document you sent in is for a Profit corporation. You will need to send in Articles of Amendment for a Nonprofit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 618A00001863



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	CE ARTISTS, INC.
N06000007581	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
G. ROBERT McLAIN JR.	
	(Name of Contact Person)
METCALFE & McLAIN	
	(Firm/ Company)
107 S. OSPREY AVENUE, SUITE 210	
	(Address)
SARASOTA, FL 34236	
	(City/ State and Zip Code)
rob.mclain@metcalfemclain.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
G. ROBERT McLAIN JR.	941 365-4174 at
(Name of Contact Pe	
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fe Certificate of Sta	Let & Substitute See &

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FUZION DANCE ARTISTS, INC.	
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
N06000007581	
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:
SARASOTA CONTEMPORARY DANCE, INC.	The new
name must be distinguishable and contain the word "corpor" (Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>)	<u>s</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
	. nuurtss.
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	
	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	ie, 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	2	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	nes	
Type of Ac (Check One	tion e)	<u>Title</u>		Name	Address
1) CI	nange				
A	d d				
R	emove				
2) Cl	nnae				
			_		
A					
R					
3)C	hange	- 1-7-W	_		
A	dd				
R	emove				
4) CI					
4) Cl		-	_		
A	dd				
R	emove				
5) CI	nange				
A			_	-	
к	emove				
6) CI	nange				
A	dd				
R	emove				

	icles, enter change(s) h (Be specific)		
P-0-8			

The date of each amendment	s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	JANUARY 18, 2018	
	(no more than 90 days after amendment file date)	
	s block does not meet the applicable statutory filing requirements, this date will not e Department of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
There are no members or adopted by the board of d	nembers entitled to vote on the amendment(s). The amendment(s) was/were irectors.	
Dated	2.5-18	
Signature	M	_
have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
G. F	OBERT McLAIN JR.	
	(Typed or printed name of person signing)	
VP		
	(Title of person signing)	