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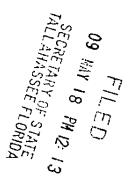
| (Red | questor's Name) | |
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| (Add | dress) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
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| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR | PORATION: The C | BALLROOM ON N | LOVA ROAD, INC |
|----------------------|--|--|--|
| DOCUMENT NU | MBER: <u>NO800</u> | 0011282 | |
| The enclosed Artic | cles of Amendment and fee a | are submitted for filing. | |
| Please return all co | orrespondence concerning thi | is matter to the following: | |
| | GRAHAM (Name | F. ANDERSO | by |
| | THE BALLRO | TIM/ Company) | ROAD, INC |
| | 465 So No | ova Rd (Address) | |
| _ | ORMOND BE | EACH FL 3: tate and Zip Code) | 2176 |
| For further inform | ation concerning this matter, | please call: | |
| | | at (<u>384</u>) <u>34/</u> (Area Code & Daytin | |
| Enclosed is a chec | k for the following amount n | nade payable to the Florida Do | epartment of State: |
| \$35 Filing Fee | \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| P.O. Box 6 | nt Section f Corporations | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301 | |

Articles of Amendment to Articles of Incorporation of

| Aith | cies of Incorpor | Attou | - 多 至 る か |
|--|---------------------|-------------------------------------|---------------------------------------|
| _ | of | | Siz C |
| THE BAHROOM | an dha | A | |
| (Name of Corporation as curr | and filed with t | he Florida Pert of State | <u> </u> |
| (Name of Corporation as curr | entiy illea with t | ne riorida Dept. di State | 95 10 |
| | | | (1) (1) (1) (1) (1) (1) (1) (1) |
| (Document Nur | nber of Corporation | on (if known) | |
| (Bocament 14a) | noci of corporation | on (ii kilowii) | |
| Pursuant to the provisions of section 617.1006, | Florida Statutes. | this Florida Not For Prof | It Corporation adopts |
| the following amendment(s) to its Articles of In | | ····· | • |
| | F | | |
| A. If amending name, enter the new name o | f the corporation | <u>ı:</u> | |
| 11/4 | | | |
| NA | | | |
| The new name must be distinguishable and c | ontain the word | "corporation" or "incorp | orated" or the |
| abbreviation "Corp." or " Inc." <u>"Company" o</u> | or "Co." may not | be used in the name. | |
| | | 1/1 | |
| B. Enter new principal office address, if app | | | · · · · · · · · · · · · · · · · · · · |
| (Principal office address <u>MUST BE A STREE</u> | <u>ET ADDRESS</u>) | | |
| | | | |
| | | | |
| | | | |
| ~ ~ | | | |
| C. Enter new mailing address, if applicable | | NIA | |
| (Mailing address <u>MAY BE A POST OFFI</u> | CE BOX) | | |
| | | | |
| | | 1 t | |
| | | | |
| | | | |
| D. If amending the registered agent and/or i | registered office | address in Florida, enter | the name of the |
| new registered agent and/or the new regi | | | |
| | • | | • |
| Name of New Registered Agent: | <u> Pana</u> | D. ANDERS | ON |
| | | | |
| | 3248 | SO. PENINUS | A DR |
| New Registered Office Address: | (Florid | So. PENINUS da street address) | • - • |
| | | A | 5- 10 M |
| | _ tort ! | DRANGE, (City) | Florida <u>32/</u> 2/ |
| | | (City) | (Zip Code) |
| | | | |
| New Registered Agent's Signature, if changi | | | |
| I hereby accept the appointment as registered | a agent. /I\am j | amiliar with and accept | ine obligations of the |
| position. | / } | [] [] | |

Page 1 of 3

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, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------------|--|--|----------------------|
| PRESTERA | GRAHAM F. ANDERSON | 2480 OCEAN SHORE | DLyD # 122 21 Add |
| Transpire (Control | | ORMOND BEACH | Remove |
| | Name GRAHAM F. ANDERSON | FL, 32176 | |
| SEC | JOE SCIACCA | 41 HAWOVER CT PORT DRANGE FL 32129 | ⊠ (Add |
| | | PORT DRANGE FL | Remove |
| | | 74 41 | _ |
| | | | ☐ Add☐ Remove |
| | | | Remove |
| | | | |
| E. If amending | g or adding additional Articles, enter c | hange(s) here: | |
| (attach addi | tional sheets, if necessary). (Be specific | () | |
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| The date of each amendment(s) adoption: APRI 28, 2009 |
|--|
| Effective date if applicable: APRI 28, 2009 (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. |
| Dated APRI 28, 2009 |
| Signature Traham J. Anderson |
| (By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary) |
| GRAHAM F. ANDERSON (Typed or printed name of person signing) |
| PRES TREAS (Title of person signing) |

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