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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Ballroom On Nova Road, Inc				
DOCUMENT NUMBER: NO 8000	011282	<u> </u>		
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this matter	ter to the following:			
	n F. Anderson Contact Person)			
(Name of	Contact Person)			
The Ballroom On Nova Road, Inc.				
(Firm	/ Company)			
465 Sou	th Nova Road			
(1	Address)			
Ormond B	each, FL 32174			
(City/ State	te and Zip Code)	···		
	rson@cfl.rr.com d for future annual report notificati	on)		
For further information concerning this matter, please call:				
Graham F. Anderson	at (386) 341-7900 (Area Code & Daytime			
(Name of Contact Person)				
Enclosed is a check for the following amount made p	ayable to the Florida Department of	of State:		
☐ \$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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

The Ballroom On No	ova Road, Inc
(Name of Corporation as currently filed	with the Florida Dept. of State)
NO8000011287	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 617.1006, Florida S the following amendment(s) to its Articles of Incorporation	
A. If amending name, enter the new name of the corp	oration:
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." m	word "corporation" or "incorporated" or the name.
B. Enter new principal office address, if applicable:	ALI
(Principal office address MUST BE A STREET ADDRI	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 new registered agent and/or the new registered office. 	
	ice address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	(City), Florida_ (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. position.	ered Agent: I am familiar with and accept the obligations of the
Signatura	of New/Registered Agent, if changing
Signatur e a	g menjaegosereu agem, y chunging

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>	<u>Name</u>	<u>Address</u>	Type of Action
Sec	Joe Sciacca	41 Hanover Court Port Orange, FL 32127	☐ Add ☑ Remove
Sec	Elaine Hyatt	3248 South Peninsula Dr. Port Orange, Fl 32127	
· n			
	ding or adding additional Artic dditional sheets, if necessary).		

The date of each amendment(s) adoption: June 1, 2009				
Effective date <u>if applicable</u> :	June 1, 2009			
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/we was/were sufficient for app	are adopted by the members and the number of votes cast for the amendment(s) roval.			
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.			
Dated_June	e 1, 2009			
Signature	Graham F. Anderson			
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)			
	Graham F. Anderson			
	(Typed or printed name of person signing)			
	y Chairman & President			
	_ raham t Had Erson			
	(Title of person signing)			

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