N08000011282

(Reques	tor's Name)	
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SECTEDARY OF STATE AND ANASSEE FLORIDA

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	Articles of Articles of Articles of Inc	•	SECRE	14.SE
	of	•	15 m	-
THE BALL	ROOM IN	a .	설속	10 AM 10: 52
(Name of Corporation as currently file				
Nose	00001128	7	25	ö
(Document Number of Corporation (if known)			52	
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this	Florida Not For Profit Corp	poration adopts the following	llowing
A. If amending name, enter the new name of	the corporation:			
NA			au	7
name must be distinguishable and contain the w	vord "corporation" o	r "incorporated" or the abb	reviation "Corp." or	he new "Inc."
"Company" or "Co." may not be used in the n	<u>ame</u> .			
B. Enter new principal office address, if app	licable:	NA		
(Principal office address <u>MUST BE A STREE</u>	T ADDRESS)			
C. Enter new mailing address, if applicable		110		
(Mailing address <u>MAY BE A POST OFFI</u>	CE BOX)	NA		
D. If amending the registered agent and/or r new registered agent and/or the new regi			ame of the	
		_		
Name of New Registered Agent:	IAMES N	IC CLELLAN		
	634 AMB	OY DR.		
New Registered Office Address:	(Florida	street address)	_	
	.		~~=~	
	DELTONA	, Florid	la <u>32738</u>	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing			Cal	
I hereby accept the appointment as registered a	gent. I am familiar	with and accept the obligation	ons of the position.	
	es a lorg	ered Agent, if changing		
$\sim \Delta t_{\rm S}$	nuture oj New Kegisie	reu Ageni, ij Changing		

Page 1 of 4

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	V Mike	Doe e Jones v Smith	TALLAHASS
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address To E TO
1) Change Add Remove	_5	ANGELA JONITA	809 TRUMBULE ST. DELTONA, FL 32725
2) Change Add Remove .	_5_	LAREN BARRETT	3306 OAK VISTA DR, PORT ORANGE, FL 32128
3) Change Add Remove	<u>VT</u>	JAMES Mc CLELLAN	1634 AMBOY DR. DELTONA, FL 32738
4) Change Add Remove	<u>T</u> _	RICH Mc GREEVY	114 ORMOND PARKWAY ORMOND BEACH, FL 32174
5) Change Add Remove	***************************************		
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
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The date of each amendment(s	s) adoption:	, if other than the
date this document was signed.	of the state of t	
Effective date if applicable:	JULY 16 2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	14 SE TALLA
	re adopted by the members and the number of votes cast for the amend	The second second
There are no members or n adopted by the board of di	nembers entitled to vote on the amendment(s). The amendment(s) was rectors.	AN 10: 52
Dated	UGUST 18 2014	,
Signature	Abrof F. Cise	
	hairman or vice chairman of the board, president or other officer-if di	
	t been selected, by an incorporator – if in the hands of a receiver, trust	ee, or
other co	ourt appointed fiduciary by that fiduciary)	
	WARD F. CASE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

COVER LETTER

TO: Amendment Section

Division of Corporations THE BALLROOM INC. NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WARD F CASE
(Name of Contact Person) THE BALLROOM INC
(Firm/Company) 1250 HAND AVE, ORMOND BEACH FL (Address) ORMOND BEACH FL 32174
(City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (386) 316 4063

(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) 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



August 21, 2014

WARD F. CASE THE BALLROOM, INC. 1250 HAND AVE. ORMOND BEACH, FL 32174

SUBJECT: THE BALLROOM, INC. Ref. Number: N08000011282

We have received your document for THE BALLROOM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

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) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 414A00018032

RECEIVEB

14 SEPTO PH 3: 34

PERSON OF CORPORATE

PRESSON OF CORPO