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SECRETARY OF STATE

News News 8-18-10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: The Florida D	ance Arts Cooperative I	nc.
DOCUMENT NUM	BER: N09000002046		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
		vis T. Amis	
	(Name of	Contact Person)	
	Florida Dano	ce Arts Cooperative	
	(Firm	n/ Company)	
	1030 C	Clearview Ave	
	(,	Address)	·
	Lakeland	d Florida 33801	
	(City/ Sta	te and Zip Code)	
-	mayhay E-mail address: (to be use	may@aol.com	ation)
For further information	on concerning this matter, pleas	•	,
Moya Amis		at (863) 687-938	39
	of Contact Person)	 ~, \	me Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmer	nt 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		Street Address Amendment Section Division of Corporati Clifton Building	,
Tallahassee, FL 32314		2661 Executive Center	er Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

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The Florida Da	ance Arts Cooperative, Inc.	SECRETARY OF A
(Name of Corporation as cu	rrently filed with the Florida Dept. of S	SECRETARY OF STA State) STALLAHASSEE, FLOR
NO	09000002046	
(Document N	Number of Corporation (if known)	
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles o		Profit Corporation adopts
A. If amending name, enter the new name	e of the corporation:	
Flor	rida Dance Arts Inc.	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company	d contain the word "corporation" or "i " or "Co." may not be used in the name.	ncorporated" or the
B. Enter new principal office address, if a (Principal office address MUST BE A STR		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/o new registered agent and/or the new r		enter the name of the
Name of New Registered Agent:		<u></u>
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registe position.		cept the obligations of the
-	Signature of New Registered Agent, if a	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>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
E. If amen	ding or adding additional Artical distribution of the distribution	(Be specific)	
-		· · · · · · · · · · · · · · · · · · ·	
		4	
	10.		

The date of each amendment(s) adop	otion: July 24, 2010
	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were
Dated_July 24, 20	10
Signature	wis T. Amis
have not be	irman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, o appointed fiduciary by that fiduciary)
	Lewis T. Amis
	(Typed or printed name of person signing)
	Chairman of the Board
	(Title of person signing)

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