## N09000002046

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TACES

C. LEWIS

APR 2 8 2014

EXAMINER

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: FLORIDA DANCE ARTS, INC.
DOCUMENT NUMBER: <u>NO 900 000 2046</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LEWIS T. AMIS
(Name of Contact Person)
FLORIDA DANCE ARTS INC (Firm/Company)
(Firm/ Company)
(Address)
LAKELAND FL 3380/ (City/ State and Zip Code)
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MAYA AMIC 31 843 221-9181
Moy A AM   5 at (863) 22/-8/8/  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & \$\sumsymbol{2}\$
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301Tallahassee, FL 32301

APPROVED AND FILED

## Articles of Amendment to Articles of Incorporation

14 APR 21 PM 3:09

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FLORIDA DANCE ARTS	INC.	SECRETARY I	i, Flor
(Name of Corporation as currently filed with the F	lorida Dept. of State)		_
NO 900000 2046			
(Document Number of	Corporation (if known)		<del></del>
rsuant to the provisions of section 617.1006, Florida Statuendment(s) to its Articles of Incorporation:	utes, this Florida Not Fo	r Profit Corporation adopts the	e followir
If amending name, enter the new name of the corpora	ation:		
N/A			The ne
me must be distinguishable and contain the word "corpor company" or "Co." may not be used in the name.	ration" or "incorporated	l" or the abbreviation "Corp."	
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u>	Σ)		- -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		_
If amending the registered agent and/or registered of new registered agent and/or the new registered office  Name of New Registered Agent:		enter the name of the	_
New Registered Office Address:	(Florida street address)		
		, Florida	
(Cit)	v)	(Zip Code	<u> </u>
w Registered Agent's Signature, if changing Registere ereby accept the appointment as registered agent. I am f		the obligations of the position.	

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	PT         John D           V         Mike J           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	<u>PD</u>	HAYLEY W. STEWART	1819 PAWNEE TRAILS
2)ChangeAdd	<u>P</u>	LEWIS T. AMIS	1830 CLEARVIEW AVE LAKELAND FL 33801
Remove  3) Change Add Remove		ERICA PEEK	802 NE 12TH AVE MULBERRY EL 33860
4) Change Add Remove	D	LAYLA AMIS	4312 JAGUAR LOOP SANTA FE NM 87507
5)	<u>D</u>	RUSSELL SULTZBACI	H <u>P.O. BOX 941629</u> MAITLAND FL 32794
6) Change Add Remove	<u> </u>	SADIE LEAHMKER	6929 OLD HIGHWAY 37 LAKFLAND FL 33811
		·	

If amending or adding additional As (attach additional sheets, if necessary).	(Be specific)	<del></del>	
,			
/Y/A			
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The date of each amendment(s) ad date this document was signed.	option: <u>FEBRUARY</u>	12, :	2014	APPRUVELLAND AND THEE	, if other than the
Effective date <u>if applicable</u> :			1	4 APR 21 PM 3	: 10
	(no more than 90 days aft	er amendmen	t file date) S	SECRETARY OF S ALLAHASSEE, FL	TATI ORIDA
Adoption of Amendment(s)	(CHECK ONE)	•			
The amendment(s) was/were ad was/were sufficient for approva	• •	umber of vote	s cast for th	e amendment(s)	
There are no members or membadopted by the board of director	pers entitled to vote on the amendors.	iment(s). The	e amendmen	nt(s) was/were	
Dated 4-11	-14,	_ /	····		
Signature	Uffly D		077		
	man or vice chairman of the boar en selected, by an incorporator —				
	appointed fiduciary by that fiduc			,	
Hay	Per W Strwc (Typed or printed name of person	on signing)			
Presi	ident Director				
	(Title of person signi	ng)		<del></del> -	