

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : BLAINE H. HIBBERD, P.A.  
Account Number : I20060000169.  
Phone : (772) 600-7646  
Fax Number : (772) 600-7645

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COR AMND/RESTATE/CORRECT OR O/D RESIGN  
FLORIDA FESTIVAL BALLET, INC.

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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2/22/12

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FLORIDA FESTIVAL BALLET, INC.

**DOCUMENT NUMBER:** N10000003139

*The enclosed Articles of Amendment and fee are submitted for filing.*

Please return all correspondence concerning this matter to the following:

Blaine H. Hibberd, Esq.

(Name of Contact Person)

Blaine H. Hibberd, P.A.

(Firm/ Company)

612 SE Central Parkway

(Address)

Stuart, Florida 34994

(City/ State and Zip Code)

pete@hiblaw.com

*E-mail address: (to be used for future annual report notification)*

For further information concerning this matter, please call:

Blaine H. Hibberd, Esq.

(Name of Contact Person)

at 772 600-7646

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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 Circle  
Tallahassee, FL 32301

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Feb. 22. 2012 9:33AM

FILED  
2012 FEB 22 PM 3:22  
H12000046960 3  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**FLORIDA FESTIVAL BALLET, INC.**

(Name of Corporation as currently filed with the Florida Dept. of State)

**N10000003139**

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

884 SW Billmore Street, Port St. Lucie, Florida 34983

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

884 SW Billmore Street, Port St. Lucie, Florida 34983

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: **Lydia Oquendo**

**884 SW Billmore Street**

(Florida street address)

New Registered Office Address:

**Port St. Lucie**, Florida **34983**

(City)

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
Signature of New Registered Agent, if changing

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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:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DP</u>	<u>Lydia Oquendo</u>	<u>884 SW Biltmore Street</u> <u>Port St. Lucie, Florida 34983</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TV</u>	<u>Rogelio Corrales</u>	<u>884 SW Biltmore Street</u> <u>Port St. Lucie, Florida 34983</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Jean Hughes Faray</u>	<u>884 SW Biltmore Street</u> <u>Port St. Lucie, Florida 34983</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Nicholas Bernini</u>	<u>884 SW Biltmore Street</u> <u>Port St. Lucie, Florida 34983</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>      </u>	<u>      </u>	<u>      </u> <u>      </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>      </u>	<u>      </u>	<u>      </u> <u>      </u>

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**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

**Article III (amended)-The specific purpose for which this corporation is organized is:**  
For the Purpose of Education and Enlightenment through the production of ballet and other  
fine art performances. The organization is organized exclusively for charitable and educational  
purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of  
any future federal tax code.

**Article IX (added)- Dissolution Clause: Upon the dissolution of this organization,**  
assets shall be distributed for one or more exempt purposes within the meaning  
of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future  
federal tax code, or shall be distributed to the federal government, or to a state or local  
government, for a public purpose.

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The date of each amendment(s) adoption: February 20, 2012

Effective date if applicable: \_\_\_\_\_  
(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 February 20, 2012

Signature   
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected; by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Lydia Oquendo  
(Typed or printed name of person signing)

President  
(Title of person signing)

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