08/23/2019 8/23/2019 08:15 AM PDT



Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LEGACY TAX, INC.
Account Number : I20120000069

Phone :

: (561)683-3000

Fax Number

: (561)965-0938

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LEGACYTAXCORPS@GMAIL.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN ARTS DANCE GENERATION, INC

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08/23/2019 08:15 AM PDT

TO:18506176380 FROM:5619650938

1190002537573

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Division of Conportations					
NAME OF CORPORATION	ARTS DANCE GENE	ERATION, INC.			
DOCUMENT NUMBER:	1000007757				hie Lie
The enclosed Articles of Amen	dment and fee are subm	itted for filing.			<u>ئە</u> :
Please return all correspondence	e concerning this matter	to the following:			
ARNALDO J COUCELO					
-	(Name of Contact Pe	erson)		
LEGACY TAX, INC.					
		(Firm/ Company	<i>(</i>)		
1601 BELVEDERE RD, SUIT	E 305S				
		(Address)			
WEST PALM BEACH, FL 33	406		•,		
	(1	City/ State and Zip	Code)		
LEGACYTAXCORPS@GMA	IL.COM				
E-m	ail address: (to be used i	or luture annual rep	ort notific	ation)	
For further information concern	ning this matter, please c	all:			
ARNALDO J COUCELO		at	561	683-3000	
(N	ame of Contact Person)	, <u></u>	(Area Co	de) (Daytime Te	(cphone Number)
Enclosed is a check for the following	owing amount made pay	able to the Florida I	Departmen	t of State:	
■ \$35 Filing Fee 【	3\$43.75 Filing Fee & C Certificate of Status	1\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	s C	52.50 Filing Fee lertificate of Status tertified Copy Additional Copy is Enclosed)	
Mailing Add			eet Addr		
Amendment		nendment		•	
Division of C P.O. Box 632	_	Division of Corporations Clifton Building			
1.0. DOX 032	• •	CII	TWI DIM		

2661 Executive Center Circle Tallahassee, FL 32301 08/23/2019 08:15 AM PDT TO:18506176380 FROM:5619650938

Page:

Articles of Amendment Articles of Incorporation of

H190	002537573
	F

ARTS DANCE GENERATION, INC.				
(Name of Corporation	n as currently	filed with the Flor	ida Dept, of State)	
N11000007757				البارية
(Docus	ment Number	of Corporation (if k	nown)	} ः ः
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, 1	his <i>Florida Not Fo</i>	r Profit Corporation adopts th	ne following
A. If amending name, enter the new name of th	e corporation	<u>:</u>		
BALLET ARTS DANCE COMPANY, INC.				77
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		i" or "incorporated	I" or the abbreviation "Corp.	The new " or "Inc."
B. Enter new principal office address, if applica	able: N	/A		
(Principal office address MUST BE A STREET A			·	
	_			
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>) N	/A		
				
D. If amending the registered agent and/or regi	istered office s	ddress in Florida,	enter the name of the	
new registered agent and/or the new register	red office add	ress:		
Name of New Registered Agent:	N/A			
New Bosinson J. Office Addition		(F)	orida street address)	
New Registered Office Address	•			
	N/A	·	, Florida	
	I	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ages	Registered Ag nt. I am famil	ent: iar with and accept	the obligations of the position	
-	Sion	ature of New Review	ered Agent if changing	

08/23/2019

08:15 AM PDT

TO:18506176380 FROM: 5619650938 Page:

H190002537573If 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 = ChiefExecutive 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 Y. 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	<u>v</u> :	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>s</u>	GIPSI MARTIN	
Add X Remove			
2) Change		PENNY BLANCO QUEVEDO	
X Remove			
3) Change	S	CARLO VUTERA	1780 17TH AVENUE NORTH
X Add			LAKE WORTH, FL 33460
Remove			
4) Change		LESLEY SHEINBERG	7680 GREAT OAK DRIVE
X Add			LAKE WORTH, FL 33467
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

23/2019	08:15 AM PDT	TO:18506176380	FROM:5619650938	Page:	
				H19000253	FZ F.
E. <u>If amendi</u>	ng or adding additional Ar	ticles, enter change(s) here:		111 1000	, _
(attach ad	ditional sheets, if necessary).	(Be specific)			
N/A	•				
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08/23/2019	08:15	AM P	DT	TO:1850617638	o fr	OM:561965093	8	Page: 7
							H1900	0253757
The date of date this doc			adoption: _		.			, if other than the
Effective da	te <u>if applica</u>	<u>ble</u> :	(no	more than 90 days afte	er om an de	ment file data)		
			•					
				ot meet the applicable s f State's records.	tatutory fi	iling requirements, this	date will not be	listed as the
Adoption of	Amendmer	ıt(s)	(<u>C</u>	HECK ONE)				
	endment(s) re sufficient			he members and the nu	mber of v	votes cast for the amen	dment(s)	
	re no membo I by the boar			d to vote on the amend	ment(s).	The amendment(s) wa	s/were	
	Dated	August 1	9, 2019					
	-			Marge	eeg,	/		
	Signature _	By the ch	airman or vic	e charman of the boar		ent or other officer-if d	irectors	
				l, by an incorporator —: fiduciary by that fiduci		ands of a receiver, trus	tee, or	
				Deborah M	iarquez			
				(Typed or printed	name of p	person signing)	-	
				Presid	ent			
				(Title	of person	signing)	 ,	