N1200005510

| (Re | equestor's Name) | |
|-------------------------|--------------------|--------------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | > #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ві | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000259953900

\$ 105/09/14--01022--027 **43.75

j

SECRETARY OF STREET OF STR

Mamech & CC

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: FLORIDA CONTEMPORARY ARTS GRO | UP, INC |
|---|---------|
| DOCUMENT NUMBER: N12000005510 | . ': |
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Katrina H. Dempsey, Esq. | |
| (Name of Contact Person) | |
| Bowen Radson Schroth, PA | , |
| . (Firm/ Company) | |
| 600 Jennings Avenue | |
| (Address) | |
| Eustis, Florida 32726 | |
| (City/ State and Zip Code) | |
| kdempsev@brslegal.com | |

For further information concerning this matter, please call:

Katrina H. Dempsey, Esq. 4(352) 589-1414

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

(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 ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.5

□\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status 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
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FLORIDA CONTEMPORARY ARTS GROUP, INC.

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

N12000005510

(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 | me of the corporation: | | · . · · · · · · |
| ELEVATE STUDIOS, IN | C. | • | <i>m</i> |
| name must be distinguishable and contain "Company" or "Co," may not be used in | the word "corporation" or "incorporated | | The new r "Inc." |
| B. Enter new principal office address, i | f applicable: | | |
| (Principal office address <u>MUST BE A ST</u> | TREET ADDRESS) | | |
| | | | • |
| · | | | 74 |
| C. Enter new mailing address, if applic (Mailing address MAY BE A POST O | | | HAY |
| (Istaming address FEAT DE A 1 OOK O | <u> </u> | | <u>-</u> 9 |
| · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | |
| • | | | Ğ |
| D. If amending the registered agent and new registered agent and/or the new | | enter the name of the | 37 |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | (Florida street address) | | |
| · | | , Florida | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature. If ch I hereby accept the appointment as registe | | t the obligations of the position. | |
| _ | Signature of New Registered Agent, if co | hanging | |
| | | | |

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. | | | | | | | Chief | | | | |
|---|---|--------------------------------|------------|-------------|------------------------|------------------------|--------------------|---|--------------------------------|------------------------|---------------------|
| Changes should be note a change, Mike Jones le Mike Jones, V as Remo | eaves the c | orporation | n, Sally S | mith is nam | hn Doe is sed the V | listed as and S. Th | the PS sese sho | T and Mike Jos ould be noted a | nes is listed o s John Doe, | rs the V. PT as a (| There is Change, |
| Example: X Change X Remove X Add | PT Y SY | John Do Mike Jo Sally Sn | enes | | | | | | | | |
| Type of Action (Check One) | Title | | Name | | | • . | : , | <u>Addres</u> s | · .· | | <i>;</i> |
| 1) Change | | | | | | | - | <u>, , , , , , , , , , , , , , , , , , , </u> | | | |
| Add | · | | | · | | | | | | | • |
| 2) Change | | _ | | | | | - | | | | • |
| Add | • | | | | | | | · · · · · · · · · · · · · · · · · · · | | | - |
| Remove | | | | | | | | | | | - |
| 3) Change | - | | | | _ | | | | | | • · |
| Remove | | | | | | | | | . <u> </u> | | - |
| 4) Change | | _ | | | | | _ | | , | | - |
| Add | | | | | • | | | | | | - |
| Remove | | | | | | | | | | | _ |
| 5) Change | - | | | | | - | _ | | | | - |
| Add | | | | | | | | | | | - - |
| 6) Change | | | | | | | _ | | | | - |
| Àdd | | | | | | | | | | | - |
| Remove | | | | | | | | | | | - |

| E. If amending or adding additional Art (attach additional sheets, if necessary). | (Be specific) | . | | |
|--|--|-------------|--------------|---|
| All the second s | and the second of the second o | | | e e e e e e e e e e e e e e e e e e e |
| · | <u> </u> | | | |
| | · · | : ' | | |
| | | | | : · · · · · · · · · · · · · · · · · · · |
| | | | | |
| | | | | • |
| | | | | |
| | | ,· | <u> </u> | |
| | | | <u> </u> | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | ٠ |
| | | | | • |
| *** | | | | , |
| | · · · · · · · · · · · · · · · · · · · | | , | |
| | | | | |
| | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | · |
| | · | | | |
| | | | | |
| | | | | • |
| | | | - manusidad | |
| | | | | |
| · · · · · · · | | | | |
| | | | | • |
| | · | | ··· <u>·</u> | |
| | | | | |
| | | | · | |
| | | | | |
| | | | | |

| Effective date if applicable: | (no more than 90 day | s after amendment file date) | | |
|--|--|---|-----|-----|
| | | <u> </u> | · : | |
| Adoption of Amendment(s) | (CHECK ONE) | | | |
| The amendment(s) was/were was/were sufficient for appro | | the number of votes cast for the amendment(s |) | |
| There are no members or mer adopted by the board of direct | | mendment(s). The amendment(s) was/were | ٠ | • . |
| *** · · · · · · · · · · · · · · · · · · | | | | |
| Dated | 1-28-2014 | | | • |
| | A ./2 C | | | |
| Signature | Bucho | | | , |
| (By the cha | | board, president or other officer-if directors tor – if in the hands of a receiver, trustee, or iduciary) | | |
| (By the cha | peen selected, by an incorporated appointed fiduciary by that f | tor - if in the hands of a receiver, trustee, or | | |
| (By the char have not be other cour | peen selected, by an incorporated appointed fiduciary by that f | tor — if in the hands of a receiver, trustee, or iduciary) | | |
| (By the char have not be other cour | peen selected, by an incorporate appointed fiduciary by that for the fiduciary by the force of printed name of | tor — if in the hands of a receiver, trustee, or iduciary) | | |