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## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, Fl. 32314

Dre NAME OF CORPORATION:	eam World for the Arts.	Inc.		
N14000	005641			
DOCUMENT NUMBER:				
The enclosed Articles of Amendmer	at and fee are submitted	for filing.		
Please return all correspondence con	cerning this matter to th	e following:		
Davey T. Jay, Esq.				
	(Nam	e of Contact Per	son)	
Meehle & Jay, PA				
	(1	Firm/ Company)		
1215 E Concord Street				
		(Address)		
Orlando, FL 32803				
	(City/	State and Zip C	ode)	
E-mail ac	ldress; (to be used for fu	ture annual repo	rt notification	)
For further information concerning t	his matter, please call:			
Davey T. Jay, Esq.		at	407	792-0790
(Name)	of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	g amount made payable	to the Florida De	epartment of S	state:
	(Ad	3.75 Filing Fee & tified Copy Iditional copy is closed)	Certifi Certifi	) Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address  Amendment Section  Division of Corporations  Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Dream World for the Arts, Inc.				
(Name of Corporation	as current	tly filed with the F	lorida Dept. of State)	
N14000005641				
(Docur	nent Numbe	er of Corporation (i	(known)	
ursuant to the provisions of section 617.1006, Flo mendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not</i>	For Profit Corporation	n adopts the following
. If amending name, enter the new name of the	e corporati	on:		
			<del></del>	The new
ame must he distinguishable and contain the word Company" or "Co." may not he used in the nam		ion" or "incorpora	ted" or the abbreviation	on "Corp." or "Inc."
B. Enter new principal office address, if applica	ıble:			
Principal office address <u>MUST BE A STREET A</u>				
				<del>'''</del>
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )			AHASS
				E O
				20
				<del>- 97 •</del>
If amending the registered agent and/or reginew registered agent and/or the new register	stered office	e <u>address in Florio</u> ddress:	la, enter the name of	the Drift C
Name of New Registered Agent:	Davey T.	Jay, Esq.	<u> </u>	·
	1215 E Co	oncord Street		
			(Florida street address)	
New Registered Office Address:				
	Orlando		, Flor	32803 rida
		(City)	(Z	ip Coder
ew Registered Agent's Signature, if changing I hereby accept the appointment as registered ager			on the abligations of s	ha position
neveny accept the appointment as registered agei	u, ram <sub>-</sub> jan	amar wan ana acce	guardic orginations of the	ис рохинон.
-	Si	gnature of New Res	istered Avent, if chan	ving

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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Fype of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	CFOT	Keith Colston	3217 Zillah Street
Add			Tallahassee, FL 32305
Remove			<del></del>
2) Change	coos	James Sean Carroll	2077 SE Lennard Rd, Apt. 202J
$\frac{X}{Add}$			Port St. Lucie, FL 34952
Remove			
3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Ch			
6) Change Add			
Pomor s			

		es, enter change( (Be specific)				
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The	e date of each amendment(s) adoption:	, if other than the
date	e this document was signed.	
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will rument's effective date on the Department of State's records.	not be listed as the
Adc	option of Amendment(s) ( <u>CHECK ONE</u> )	
	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.	
	August 9, 2018 Dated	
	Signature kierra Colston	
	(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)	
	Kierra Colston	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	