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SECRETARY OF STATE
ALLAHASSEE F. 1867E.

Amendais

AUG 08 2017
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: Envis	ion Ballet	Theatr	e, Inc
DOCUMENT NUMBER: _		N15000	0105	09
The enclosed Articles of Ame				·
Please return all corresponder	nce concerning this matte	r to the following:		
	Lori	Duffy (Name of Contact Perso		
		(Name of Contact Person	on)	
	Envision	Ballet TI	heatre	
		(Firm/ Company)		
	3389 She	ridan St #	157	
		(Address)		
	Hollywood	Od, FL 33 (City/ State and Zip Co	021	
		(City/ State and Zip Co	de)	
•	isionballett			m
Ŀ-	mail address: (to be used	for future annual report	notification)	
For further information conce	•			
Lori	Duffy Name of Contact Person)	at	994-6	947-83.64 aytime Telephone Number)
(Name of Contact Person)	(<i>F</i>	rea Code) (Da	nytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pay	yable to the Florida Dep	partment of State	:
*\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Fili Certificate Certified C (Additiona Enclosed)	of Status opy
Mailing Ac	Idress	Stree	t Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Envision Ballet Theatre, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) NISDANDIDSDA

(Docume	· · ·		on (if known)				
Pursuant to the provisions of section 617.1006, Floridament(s) to its Articles of Incorporation:	da Statutes,	this <i>Florida</i>	Not For Prof	it Corporation ac	lopts the	: follow	ving
A. If amending name, enter the new name of the o	corporatio	<u>n;</u>					
						_The n	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.		on" or "incoi	porated" or t	he abbreviation	'Corp."	or "In	c, ~
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD		<u>.</u>					
(1) The cipus of the address MOST BL A STREET AD	<u>/DRESS</u>) -						
	_						
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)				TA'S	F-3	
		•					
	_				201	<u></u>	!
		<u>-</u>		,		မ	
D. If amending the registered agent and/or registe	tered office	address in F	lorida, enter	the name of the	in co	A	П
new registered agent and/or the new registered					(A)	=	
Name of New Registered Agent:						ຽ	
-			(Florida si	treet address)			
New Registered Office Address:							
_				, Florida			
		(City)		(Zip (Code)		
New Registered Agent's Signature, if changing Re							
I hereby accept the appointment as registered agent.	. I am fami	iliar with and	accept the ob	oligations of the p	osition.		
_		22-					
	Sign	nature of Nev	v Kegistered A	Agent, if changing	<i>5</i>		

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	V Mik	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
·1) Change		Rena Chiarelli	8837 Cleary Boulevard Plantation, FI 33324
Add			Plantation, FL 33324
Remove		0 . —	
2) Change		Barri Jimenez	1710 NW 106 Terrace
Add			Pembroke Pines, R. 33026
X Remove		Janeth Nettina	4519 Towlor St
3) Change		<u></u>	4519 Taylor St Hollywood, Fi 33021
Remove			
4) Change		Andy Rogow	1001 NE 34 CT.
Add			Oakland Park, FC
Remove			33334
5) Change		Rones Smith	1900 S. Treasure Dr. #5H
Add			North Bay Village FZ
Remove			33141
6) Change	<u> </u>	Lynn Giordano	2593 SE 8 Street
_X Add			Pompano Beach, A
Remove			33026

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	V Mike	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
· 1) Change Add	D	Sherri Shafranski	202 N. 31 Rd. Hollywood, FE 33021
Remove 2) Change Add	<u>)</u>	Maria Del Ponte	1806 N.39 Ave Hollywood, FC 3302
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

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

	e date of each amendment(s) adoption: e this document was signed.	6/1/	/17	, if other than the
Eff	ective date if applicable:	6/1/17		
	(ne	o more than 90 da	ys after amendment file dat	'e)
	te: If the date inserted in this block does rument's effective date on the Department			ements, this date will not be listed as the
Ađ	option of Amendment(s)	CHECK ONE)		
v	The amendment(s) was/were adopted by was/were sufficient for approval.	the members and	the number of votes cast fo	r the amendment(s)
	There are no members or members entit adopted by the board of directors.	ed to vote on the	amendment(s). The amenda	ment(s) was/were
	Dated 7/13	117		
	Signature	ghally	e board, president or other	Officer if discourse
		ed, by an incorpora	ator – if in the hands of a re-	
	Ste	phanie	Turner	
			rinted name of person signi-	ng)
	P	resident		
	- 1807		(Title of person signing)	*************************************