# N9900000000

(Re	questor's Name)	
(Address)		
(Address)		
(C)	ty/State/Zip/Phone #)	
(CII	ly/State/Zip/Filotie #/	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE OF CORPORATIONS

Amend 10 2/5/09

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: CENTER FOR MUSIC AND ARTS TRADITIONS, INC.				
DOCUMENT NUMBER: N9900000107				
The enclosed Articles of Amendment and fee are s	ubmitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
Kenneth B. Kopp				
(Name of Co	ontact Person)			
	DANTS Traditions, INC.			
20 Tanglewood Drive				
(Ad	dress)			
Greenville, SC 29611	·			
(City/ State a	and Zip Code)			
For further information concerning this matter, plea	ase call:			
Kenneth B. Kopp	at ( 864 ) 386-1865			
(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 & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) 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

At ticles of file of pr	oi ation
Lenter For MUSIC A  (Name of Corporation as currently filed with	nd Arts Trad : + luns, the Florida Dept. of State)
N9900000107 (Document Number of Corpora	tion (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	on:
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no	
B. Enter new principal office address, if applicable:	20 Tanglewood Drive
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Greenville, SC 29611
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20 Tanglewood Drive
	Greenville, SC 29611
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad  Name of New Registered Agent:	
New Registered Office Address: (Flor	rida street address)
<del></del>	(City), Florida(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am	

Signature of New Registered Agent, if changing

position.

# 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)

<u>Title</u>	Name	Address	Type of Action
<u>PD</u>	Kenneth B. Kopp		☑ Add ☐ Remove
<u>D</u>	James T. Kopp		☑ Add ☐ Remove
<u>D</u>	Nancy Kopp		☑ Add ☐ Remove
(attach addit	g or adding additional Articles, enter control ional sheets, if necessary). (Be specificator:  ress: 2765 South Evergreen Circle	c)	
	······································		· 

. The date of each amendment(s) adoption: January 29, 2009		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or nadopted by the board of dir	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Signature (By hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, cer court appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Title of person signing)	

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