

PD5000014226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

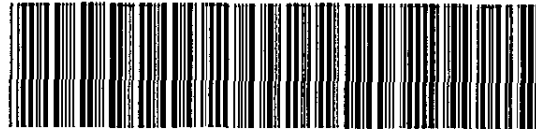
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05 NOV 10 AM 10:00
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Art of Dance, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P050000 14662

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Dampolo
(Name of Contact Person)

Art of Dance, Inc.
(Firm/Company)

4595 Harbortown Road Suite 405
(Address)

Lake Worth, Florida 33463
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Dampolo at (561) 963-9166
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ART OF DANCE, INC.
2. The principal office address: 4595 HYPOCURE ROAD SUITE 485
LAKE WORTH, FLORIDA 33463
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 1/27/05 Document number: 905000014226

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

GREGORY B CORBAN
6266 DUVAL DRIVE
MARGATE, FLORIDA 33063

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARIC DAMPOLO
4595 HYPOCURE ROAD SUITE 485
(P.O. Box NOT acceptable)
LAKE WORTH, FLORIDA 33463

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DEPARTMENT OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

x Mark Dampolo Mark Dampolo
(Signature of an officer or director) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

x Mark Dampolo 11/01/05
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)