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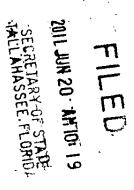
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Boca Dance and Fitness Inc. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: 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 & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

,	to	
\sim	Articles of Incorporation	FILED
	of	al the same same
12000 Jane	s tilmos	Inc. 2011 JUN 20 AM 10: 19
- OCA MICE		
(Name of Corporation as curr	ently filed with the Florida L	SECRETARY OF STATE
V0500	0105696	TALLAHASSEE, FLORIDA
(Document Nur	nber of Corporation (if known)
`	•	•
suant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Flori</i>	ida Profit Corporation adopts the follow
If amending name, enter the new name o	f the corporation:	
Bad of Baca	The	
Dogy of war	1-11C.	The new
ne must be distinguishable and contain		
reviation "Corp.," "Inc.," or Co.," or the ne must contain the word "chartered," "pro		
promise of the first of the first of the pro-	yessional association, or the	adortylanois 1.71.
Enter new principal office address, if app	olicable:	
ncipal office address <u>MUST BE A STREE</u>	ET ADDRESS)	
Futur non mailing address if and inchis		
Enter new mailing address, if applicable		
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f amending the registered agent and/or	registered office address in F	lorida, enter the name of the
If amending the registered agent and/or i	registered office address in F	lorida, enter the name of the
If amending the registered agent and/or new registered agent and/or the new regi	registered office address in F	lorida, enter the name of the
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If amending the registered agent and/or new registered agent and/or the new reginates Name of New Registered Agent:	registered office address in F stered office address:	
If amending the registered agent and/or new registered agent and/or the new regi	registered office address in F	ress)
If amending the registered agent and/or new registered agent and/or the new reginates Name of New Registered Agent:	registered office address in F stered office address; (Florida street address)	ress)
If amending the registered agent and/or new registered agent and/or the new reginates Name of New Registered Agent:	registered office address in F stered office address:	
If amending the registered agent and/or new registered agent and/or the new region Name of New Registered Agent: New Registered Office Address:	registered office address in F stered office address: (Florida street address)	ress)
New Registered Office Address: v Registered Agent's Signature, if changi	registered office address in F stered office address: (Florida street addi (City) ng Registered Agent:	ress) , Florida (Zip Code)
If amending the registered agent and/or new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Registered Agent's Signature, if changi	registered office address in F stered office address: (Florida street addi (City) ng Registered Agent:	ress) , Florida (Zip Code)
If amending the registered agent and/or new registered agent and/or the new region Name of New Registered Agent: New Registered Office Address:	registered office address in F stered office address: (Florida street addi (City) ng Registered Agent:	ress) , Florida (Zip Code)

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>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	g or adding additional Articles, enter clional sheets, if necessary). (Be specific		
F. If an amer	ndment provides for an exchange, recla	ssification, or cancellation of iss	ued shares.
provisions	for implementing the amendment if no applicable, indicate N/A)		

The date of each amendment	(s) adoption: $(9-9-201)$
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	27
	(voting group)
The amendment(s) was/wern action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	6911
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Shelley L. Crawford (Typed or printed name of person signing)
	President (Title of person signing)