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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	SWFL DANCES	SPORT, INC.			
DOCUMENT NUMBER:	P06000048037				
The enclosed Articles of Amer	adment and fee are su	bmitted for filing.			
Please return all correspondence	e concerning this ma	tter to the following:			
- LAURA	A OLSZEWSKI, CPA	\			
		Name of Contact Person	n		
LAURA	A OLSZEWSKI, CPA	A. PA			
		Firm/ Company			
5401 TA	5401 TAYLOR RD STE #3				
- Addition of the State of the		Address			
NAPLE	S, FL 34109				
		City/ State and Zip Cod	e		
Laura@Lsocp	a com		\checkmark		
<u>-</u> .		sed for future annual report	notification)		
For further information concern	ning this matter, pleas		ı		
LAURA OLSZEWSKI		at () 593-7070 de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the foll	owing amount made	payable to the Florida Depa	artment of State:		
-	43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee 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 of

SWFL DANCESPORT, INC.				
P06000048037	of Corporation as currentl	y filed with the Florida Dept. of State)		
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the fol	llowing amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:			
BALLROOM & LATIN DANCING UN	DER THE STARS, INC.		The new	
	ation "Corp," "Inc," or "	n," "company," or "incorporated" or Co". A professional corporation name P.A."		
B. Enter new principal office address, if applicable:		5901 W. HILLSBORO BLVD, STE #	5913	
(Principal office address MUST BE A S		PARKLAND, FL 33067		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5901 W. HILLSBORO BLVD, STE #5913		
		PARKLAND, FL 33067		
D. If amending the registered agent an new registered agent and/or the new				
Name of New Registered Agent	BRIAN OAKES			
Hamb of Hot Registerous Ingoin	5901 W. HILLSBORO BLVD, STE #5913			
	(Florida str	eet address)		
New Registered Office Address:	PARKLAND	33 , Florida	067 .	
<u></u>		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		t with and accept the obligations of the post	ition.	
			tion i	
· ·	Signature of New !R	egistered'AgentNif,changing	TILLER TB 27 P ANASSEE.	

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
		Sally Smith	
X Add	<u>SV</u>	Sany Sunui	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			- And and the second
Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change	<u>.</u>		
Add			
Remove			
5) Change			
Add			
			
Remove			
6) Change	<u></u>		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
N/A	,,,	,			
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7 16	C	tea	. N. 41	h	
 If an amendment provide provisions for implement 	ting the amendment if t	issification, or cand not contained in the	amendment itself:		
(if not applicable, ind	dicate N/A)				
N/A					
					· · ·
					**
	1				

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date of document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	·
by"	
(voting group)	•
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
$\longrightarrow \text{Daried} \qquad \boxed{2} \qquad \boxed{7} \qquad \boxed{7}$	
Signature Company	
(By a director, president or officer - if directors or officers have not been	
selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
BRIAN OAKES BRIAN COATES	
(Typed or printed name of person signing)	_
PRESIDENT	
(Tist	