P090000063386

| (Requestor's Name) | |
|---|-------------------------------------|
| (Address) | 400158783964 |
| (Address) (City/State/Zip/Phone #) | , |
| PICK-UP WAIT MAIL | 08/21/0901054008 **35.00 |
| (Business Entity Name) | |
| (Document Number) | 7 |
| Certified Copies Certificates of Status | O9 AUG 21 SECRETARY ALLAHASSE |
| Special Instructions to Filing Officer: | SSEE, FLORI |
| | DA. |
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Office Use Only



COVER LETTER

| TO: Amendment Section Division of Corporations | · |
|--|--|
| NAME OF CORPORATION: SHOWTE | ME DANCE CENTER FOR THE ARTS, |
| DOCUMENT NUMBER: PØ9 | 000063386 |
| The enclosed Articles of Amendment and fee are | submitted for filing. |
| Please return all correspondence concerning this r | matter to the following: |
| RONALD | COLANGELO ne of Contact Person |
| SHOWTIME DA | NCE CENTER FORTHE ARTS, INC |
| 104 LEYBU | RN PLACE |
| LONGWOOD, | FL 32779 State and Zip Code |
| RCOLANGELO E-mail address: (to be used fo | of Le CFL. RR. Com or future annual report notification) |
| For further information concerning this matter, ple | ease call: |
| RONALD COLANGELO Name of Contact Person | at (407) 865 - 0617 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made | e payable to the Florida Department of State: |
| \$35 Filing Fee \$\square \$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & □\$52.50 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 | Street Address |
| Amenament Section | Amendment Section |

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 Articles of Incorporation of

| <u>DHOWTIME VANCE LENTER FOR THE HRTS, HOW (Name of Corporation as currently filed with the Florida Dept. of State)</u> |
|--|
| P 0 9 0 0 0 0 0 3 3 8 6 |
| (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ALTAMONTE SPRINGS, 1 32714 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 652 DOUGLAS AVE #1000 |
| ALTAMONTE SPRINGS, FL 32714 D. Kamanding the registered agent and/or registered office address in Florida autor the name of the |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: |
| Name of New Registered Agent: |
| New Registered Office Address: (Florida street address) |
| (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. |
| Signature of New Registered Agent, if changing |
| |

Page 1 of 3

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 | <u>Address</u> | Type of Action |
|----------------|---|---|----------------|
| <u>P.</u> | CATHY GILLASPIE | ALTAMONTE SPRENCE | Add Remove |
| VP | RUBY COLANGELO | 104 LEYBURN PL LONGWOOD, FL | Add Remove |
| 2 | RUBY COLANGELO | 104 LEYBURN PL LONGWOOD, FL 32779 | Add Remove |
| | ading or adding additional Articles, enter additional sheets, if necessary). (Be specificational sheets). | | |
| NI | A | | |
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| | | | |
| | | | |
| . = | | | |
| <u>provisi</u> | mendment provides for an exchange, reclains for implementing the amendment if not applicable, indicate N/A) | | |
| N/F | } | | |
| | <u></u> | | |
| | | | |
| | | | |

| . The date of each amendment(| s) adoption: 4 AUGUST ZØØ9 (date of adoption is required) |
|---|---|
| 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/were by the shareholders was/wer | 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 statement for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes ca | ast for the amendment(s) was/were sufficient for approval |
| | ." voting group) adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were action was not required. | adopted by the incorporators without shareholder action and shareholder |
| select | director, president or other officer—If directors or officers have not been ted, by an incorporator—if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |
| | RONALD COLANGELO (Typed or printed name of person signing) |
| | VICE PRESIDENT |