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COVER LETTER

TO: Amendment Section Division of Corporations

<i>Ca.</i>	South Party and and and			
NAME OF CORPORATION: SEASUAL S	souls folt nance praness suc			
DOCUMENT NUMBER: P16 00000 5598				
The enclosed Articles of Amendment and fee are sul	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
RONNI DE	Name of Contact Person			
	Name of Contact Person			
Sensual So	Firm/Company			
	Firm/ Company			
_2850_SIR	CINU ROAD SUITEH Address FURIDA 33020 City/State and Zin Code			
	Address			
How wood	FCR10A 33020			
<u> </u>	City/ State and Zip Code			
E-mail address: (to be us For further information concerning this matter, pleas	ed for future annual report notification) e call:			
RONNI NELVALIE	21 954 \ 696 - 2646			
Name of Contact Person	at (954) 696 - 2646 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made p				
\$35 Filing Fee	□\$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	Street Address			
Amendment Section	Amendment Section			
Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SPINSIAN SOULS DOLF DANCE DEITAPSS THE

	POLE DIPLICE 1FI) NESS INC
<u> </u>	tly filed with the Florida Dept. of State)
P16 00000 559	· 8
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2850 STIRLING ROAD SUITEH
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	1850 STIRLING ROAD SUITEH Haltwood, FLORIDA 33020
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2850 STIRUM-ROAD SUITE H
	HOLLY WOOD FLORIDG 33020
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) Lip Goode)
N. B. Ca. La at Clause Walnut Burks LA	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
	Ta D IM
	5 7. W
Signature of New	Registered Agent, if changing

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>Y</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1)Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change	·			
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add	-	 -	,	
Remove				
6) Change				
Add				
Remove				

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)	
		_
an amendment provides for an excl	change, reclassification, or cancellation of issued shares.	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
,		
	•	
	•	
	•	
	•	
	•	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (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, thi document's effective date on the Department of State's records.	s date 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 by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehaction was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	r ,
Dated	
Dated 2/12/2016 Signature V 2 V all	
(By a director, president or other officer - if directors or officers have not b	
selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	court
RONNI DELVALLE	
(Typed or printed name of person signing)	 _
PRESIDENT	
(Title of person signing)	