## P190000 29235

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SECRETARY OF STATE FLORIDA

HAY 02 2019 T SCHROEDER

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Meet me at Barre I	nc.	
DOCUMENT NUMB	P19000029235		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Iordan Twombly		
-		Name of Contact Person	1
-		Firm/ Company	
	4030 Capitol Drive		
_		Address	_
<u> </u>	Palm Harbor, FL 34685		
		City/ State and Zip Code	2
jordan	casesmith@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Jordan Twombly		at ( <u>407</u>	318-6971 de & Daytime Telephone Number
Name o	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Meet me at Barre Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P19000029235	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Meet me at the Barre Inc.	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	APR 2
(Florida stree	Florida (1997)
New Registered Office Address:	Tity) Resp Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Charles C. Van D.	gistered 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 Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change	_		
Add			ECRETA
Remove			PR 23
4) Change			PA
Add			2: 12 IATE ORIDA
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,	üë	P.	-
provisions for implementing the amen	dment if not contained in the amendment itself:			ţ
(if not applicable, indicate N/A)		82		
		5m	CJ	
	<u> </u>			
<del></del>	<del></del>	<del></del> -		
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The date of each amendment(s) adoption date this document was signed.	n:	, 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 d document's effective date on the Departme	loes not meet the applicable statutory filing requirements, the ent of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendm t for approval.	ient(s)
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The following sta- toting group entitled to vote separately on the amendment(s):	stement
"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 action was not required.	y the board of directors without shareholder action and shareh	older
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholde	म
Dated	18/19	
selected.\ty an	president or other officer – if directors or officer have not be incorporator – if in the hands of a receiver, trustee, or other iciary by that fiduciary)	
	-	FAL T
	Jordan I Wompily	
	(Typed or printed name of person signing)	T OF ASS
Incorp	orator	85 3 F
	(Title of person signing)	FLOF FLOF
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