I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREA MANTELL SEIDEL

Electronic Signature of Signing Officer/Director Detail

Address	1900 SUNSET HARBOUR DR 1807	Address	7966 SW 86 TERR
City-State-Zip:	MIAMI FL 33139	City-State-Zip:	MIAMI FL 33143
Title	т	Title	EX D
Name	LEWIS, DANIEL DR.	Name	SEIDEL, ANDREA M
Address	8901 S.W. 79 COURT	Address	DM 320C MODESTO MAIDIQUE
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	CAMPUS FIU MIAMI FL 33199
Title	Μ		
Name	ANDERSON, BAMBI		
Address	578 N.E. 64 ST. APT. 3		

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Title

Name

Ρ

MANSFIELD, TOBI

EX. DIRECTOR

SIGNATURE:

Title

Name

Electronic Signature of Registered Agent

Officer/Director Detail :

S

City-State-Zip: MIAMI FL 33138

CAMEON, RANDI M

Current Mailing Address:

5900 S.W. 84TH AVENUE MIAMI. FL 33143 US

FEI Number: 65-0139010

Name and Address of Current Registered Agent:

Entity Name: DANCEARTS FOUNDATION, INC.

Current Principal Place of Business:

5900 S.W. 84TH AVENUE MIAMI, FL 33143

SEIDEL, ANDREA MDR. 5900 S.W. 84TH AVENUE MIAMI, FL 33143 US

FILED Jan 12, 2014 Secretary of State CC2343901549

Certificate of Status Desired: No

Date

01/12/2014 Date