## N14000001815

(Re	equestor's Name)		
(Ad	ldress)		
(Ac	idress)	<u>.                                    </u>	
(Cit	ty/State/Zip/Phone	e #)	
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Account#: 120000000088

Date:	04/02/2019		
Name:	Merritt Walker	<del></del>	
	#:1063010		
		IUSIC FOUNDATION, INC.	
☐ Artic	les of Incorporation/Authoriz	ation to Transact Business	
☐ Ame	endment		
✓ Cha	nge of Agent		
☐ Rein	statement		
Con	version		
☐ Merger			
☐ Dissolution/Withdrawal			
☐ Ficti	tious Name		
Othe	er		
Authorized	Amount: <u>\$35</u>		
Signature:	un		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.
1. The name of the corporation: Face the Mu	usic Foundation, Inc.
2. The principal office address: 915 Middle I Fort Lauderdale, FL 33304	River Dr #114
3. The mailing address (if different):	
4. Date of incorporation/qualification: 2/24/14	Document number: N1400001815
5. The name and street address of the current reg Florida Department of State: (If resigned, enter	distered agent and registered office on file with the resigned)
Corporate Creations N	etwork Inc.
11380 Prosperity Farm	etwork Inc.
Palm Beach Gardens,	FL 33410
6. The name and street address of the new registre (if changed):	FL 33410 ered agent (if changed) and /or registered office
Cogency Global Inc.	<u></u>
115 North Calhoun St.,	
۶.o <b>Tallahassee, F</b> L <b>3230</b> 1	. Box NOT scooptable
The street address of its registered office and the as changed will be identical.	ne street address of the business office of its registered agent,
authorized by the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
Significate of ph officer or director	Andrew Sossin, Treasurer
I hereby accept the appointment as registered a	ngent and agree to act in this capacity. Tall statutes relative to the proper and complete th and accept the obligation of my position as registered y to reflect a change in the registered office address. I
Shiller	4-2-19
Signature of Regimered Agent  If signing on behalf of an entity:	, Pate
Sheryl A. Gibbs, Asst. Sec. Typed or Printed Name	_

\* \* \* FILING FEE: \$35.00 \* \* \*