

114006005690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

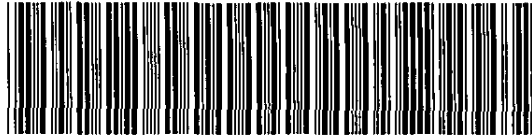
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200304665262

10/19/17--01024--028 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2017 OCT 19 P 12:45

FILED

OCT 20 2017
T. LEBLANC

Handwritten signature

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Instrumental Music Division Booster Club, Inc.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: N14000005690

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Liza Gomez
Contact Person

Firm/Company

1936 SW 59 Avenue
Address

Miami, Fl 33155
City, State and Zip Code

lgomez9363@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liza Gomez at (305) 305-9263
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Instrumental Music Division Booster Club, Inc.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/13/2014
Date of filing/registration in Florida

3. N14000005690
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Leda Barham
Name
669 NE 74 Street
Address
Miami, FL 33138
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Chris Lane
Name
25850 SW 193 Ave
Florida street address (P.O. Box not acceptable)
Homestead FL 33031
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 OCT 19 P 12:45

FILED