N06000001548

(Re	questor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Bu:	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



300106154483

RA Change Tlewis FILED

2007 JUL 16 AM 11: 22

SECRETARY OF STATE
SECRETARY OF STATE

07/16/07--01037--003 **35.00

COVER LETTER

Amendment Section Division of Corporations	: :
SUBJECT: Orchestra Miami, Inc.	(Name of Corporation)
	·
DOCUMENT NUMBER: N06000001	548
The enclosed Statement of Change of Regi	istered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Ms. Elaine Rinaldi	
	Name of Contact Person)
Orchestra Miami, Inc	
	(Firm/Company)
8821 S.W. 54 Terrace	e
	(Address)
Miami, Florida 33165	(City/State and Zip Code)
For further information concerning this ma	atter, please call:
Elaine Rinaldi	at (646) 425-6326 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable	to the Department of State.
Mailing Address	Street Address

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ı,*

•		9502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida	
		gistered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Orchestra Miami,	Inc.	
	office address: 8821 S.W. 54 Terr		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 02/13/2006	Document number: N0600001548	
	d street address of the current registere rtment of State:	ed agent and registered office on file with the	
	Javier A. Reynaldos		
	246 N.E. 92 Street	N.E. 92 Street	
	Miami Shores, Florida 33138		
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered office	
	Elaine Rinaldi		
	8821 S.W. 54 Terrace		
	(P.O. Box NOT accep	table)	
The street addr	ess of its registered office and the still be identical.	reet address of the business office of its registered agent,	
Such change wanthorized by t	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.	
Musignal (Signal	dure of the Officer or director)	Elaine Rinaldi, President and Chair (Printed or typed name and title)	
- I further agree - of my duties, a - docúment is he	t the appointment as registered agen to comply with the provisions of all nod I am familiar with and accept the ing filed merely to reflect a change is sheen notified in writing of this cha	statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the	
(S	ignature of Registered Agent)	(Date)	
If signing on b	chalf of an entity:		
	(Typed or Printed Name)		

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