NO1505

| (Requ | uestor's Name) | <u> </u> |
|----------------------------|-----------------|-------------|
| (Addr | ess) | |
| (Address) | | |
| (City/ | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nar | me) |
| (Doct | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | ling Officer: | |
| | | |
| | | |
| | | |

Office Use Only



800277116078

09/17/15--01010--026 **35.00

ON IN THE CLO IS A SECULATED A SECULATION OF STATEMENT OF

SEP 2 4 2015

CLEVAS

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Young Patronesses of the Opera, Inc. |
| DOCUMENT NUMBER: NO1505 |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Name of Contact Person |
| Firm/Company |
| 1225 Alegriano Avenue |
| Coval Gables FL 33146 City/State and Zip Code |
| E-mail address: (to be used for fature annual report notification) |
| For further information concerning this matter, please call: |
| Name of Contact Person at (786) 877-4653 Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State. |
| 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

CR2E045 (03/12)

TO:

Amendment Section

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida. |
|---|
| 1. The name of the corporation: Young Patronesses of the Opera Inc. 2. The principal office address: 8390 NW 25th Street, Miami FL 33122 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: Feb. 17, 1984 Document number: NO1505 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| Herren James M. C/O Herron, Jacobs Octiva LLP 1401 Brickell Ave., Ste. 840 Mam. FL 33131 6. The name and street address of the new registered agent (if changed) and for registered office |
| 6. The name and strict address of the new registered agent (if changed) and/or registered office (if changed): Lott, Leslie Clo Lott + Fischer, PL 355 Alhamber Circle Ste. 1100 PO Box NOT acceptable Count Coubles FL 33134 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| Signature of an officer or director. Cail Pine Treasurer Printed or typed name and fills |
| 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Signature of Registered Agent |
| If signing on behalf of an entity: |
| Leslie Lott Typed or Printed Name |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)