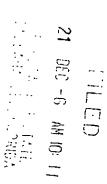
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Certified Copies Certificates of Status		
Special Instructions to I	Filing Officer:	

Office Use Only



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T. LEMBEUX

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

44 P. G.

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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Josef Gingold Lhamber Music Festival I
2. The principal office address: 1200 West Ave. # 304
Minni Beach FL 33139
3. The mailing address (if different):
4. Date of incorporation/qualification: 9/10/20 Document number: N2000010302
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)
iniselle Elgarresta Rios
6620 SW JOHN LAINE
Miami, FL 33143
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Robert H. Smilin Jr.
Robert H. Smiling Jr. 1200 West Heenve #804
Minni Bench FL 33139
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.
Gary Levinson, Vice President
Printed or typed name and title
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.
Robert South fr. 11/12/21 Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)