	1027 S. FRANK TAMPA, FL 330					
	Current Mail	ling Address:				
	1027 S. FRA TAMPA, FL	NKLAND RD 33629				
FEI Number: 54-2119280				Certificate of Status Desired: No		
	Name and A	ddress of Current Registered Agent:				
	STOLL, SHARC 1027 S FRANKL TAMPA, FL 336	AND RD				
	The above named	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or bo	oth, in the State of Flo	rida.
	SIGNATURE	SHARON S. STOLL				02/14/2013
	SIGNATURE	Electronic Signature of Registered Agent				02/14/2013 Date
	SIGNATURE Officer/Direc	Electronic Signature of Registered Agent				
		Electronic Signature of Registered Agent	Title	SEC		
	Officer/Dired	Electronic Signature of Registered Agent	Title Name	SEC SPEED	E, LLE MRS.	
	Officer/Direc	Electronic Signature of Registered Agent ctor Detail : PRES				
	Officer/Direc Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRES STOLL, SHARON S	Name	SPEED 10711 59TH /	AVENUE	
	Officer/Direc Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRES STOLL, SHARON S 1027 S FRANKLAND RD	Name Address	SPEED 10711 59TH /	AVENUE	
	Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : PRES STOLL, SHARON S 1027 S FRANKLAND RD TAMPA FL 33629	Name Address	SPEED 10711 59TH /	AVENUE	
	Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PRES STOLL, SHARON S 1027 S FRANKLAND RD TAMPA FL 33629 VP	Name Address	SPEED 10711 59TH /	AVENUE	
	Officer/Direc Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent ctor Detail : PRES STOLL, SHARON S 1027 S FRANKLAND RD TAMPA FL 33629 VP ETTEN, MARY JEAN 7378 GRIFFIN RD	Name Address	SPEED 10711 59TH /	AVENUE	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: SHARON S. STOLL

Electronic Signature of Signing Officer/Director Detail

FILED Feb 14, 2013 **Secretary of State** CC9588338694

DOCUMENT# N0300002561

Entity Name: INSTITUTE FOR HEALING THROUGH SOUND AND MUSIC, INC.

Current Principal Place of Business