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.

SIGNATURE: CARMEN KELLY

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N11000011419

Entity Name: THE MUSIC ROOM BOOSTERS, INC.

Current Principal Place of Business:

190 PINEHURST CIRCLE NAPLES, FL 34113

Current Mailing Address:

190 PINEHURST CIRCLE NAPLES, FL 34113 US

FEI Number: 45-4329523

Name and Address of Current Registered Agent:

ANDREWS, PATRICIA CPA 791 10TH STREET S SUITE 302 NAPLES, FL 34102 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PRESIDENT, TREASURER, DIRECTOR	Title	D
Name	KELLY, CARMEN	Name	ANDREWS, PATRICIA
Address	190 PINEHURST CIRCLE	Address	3033 RIVIERA DRIVE
City-State-Zip:	NAPLES FL 34113		SUITE 106
		City-State-Zip:	NAPLES FL 34103
Title	SECRETARY, DIRECTOR		
Name	DAVIS, TIA		
Address	5961 DOGWOOD WAY		
City-State-Zip:	NAPLES FL 34116		

Date

PRESIDENT/TREASURER

FILED Jan 27, 2016 Secretary of State CC6267160002

Date

Certificate of Status Desired: No

01/27/2016