768670

(Rea	uestor's Name)				
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(Address)					
(Address)					
(City/	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
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SECRETARY OF STATE
ALLIAMASSEE FLORING

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	PENSACOLA OF	PERA, INC.				
	Name of Co	orporation				
DOCUMENT NUMBER	MBER:768670					
		/Agent and fee are submitted for filing.				
Please return all correspon	dence concerning this matter	to the following:				
	ERIN K. SAMMIS					
	Name of Con	tact Person				
PENSACOLA OPERA, INC.						
	Firm/Co	mpany				
*	75 S. TARRAGONA ST. Address					
	Addi	uss				
	PENSACOLA (OPERA INC				
	PENSACOLA OPERA, INC. City/State and Zip Code					
	erin@pensacol	aopera.com				
E-mail	address: (to be used for fu	ture annual report notification)				
For further information con	ncerning this matter, please ca	all:				
	. SAMMIS	at (<u>850</u>) 433-6737				
Name of Co	ontact Person	_ at (<u>850</u>) <u>433-6737</u> Area Code & Daytime Telephone Numbo	er			
Enclosed is a \$35.00 check	made payable to the Departi	nent of State.				
<u>M</u>	ailing Address:	Street Address:				
	mendment Section	Amendment Section				
	vision of Corporations O. Box 6327	Division of Corporations				
	illahassee, FL 32314	Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

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

statement of ch	ange is submitted for a co	rporation organize	507.1508, or 617.1508, Floi d under the laws of the State d agent, or both, in the State	e of Florida
1. The name of	the corporation: PENS	ACOLA OPE	RA, INC.	
2. The principal	office address: 75 S. T.	ARRAGONA S	Т.	
	a, Florida 32502			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification:	5/27/1983	Document number:	768670
	d street address of the curr rtment of State: (If resigne		t and registered office on fi	le with the
	ERIN K. SAMMIS (Resigned as re	gistered agent)	
	75 S. TARRAGON	A ST.		
	Pensacola, Florida	32502		· · ·
6. The name and (if changed):	d street address of the new	registered agent (i	f changed) and /or registere	d officer and the ball of the
	Lisa S. Minshew	· · ·		
	433 E. Governmen			The R M
	Pensacola, Florida	P.O. Box NOT acc 32502	eeptable	D. ES
The street address changed will	ess of its registered office be identical.	e and the street add	dress of the business office	of its registered agent,
Such change w authorized by t	as authorized by resoluti- he board, or the corporat	on duly adopted by ion has been notifi	tits board of directors or bed in writing of the change	oy an officer so e.
Signatu	re of an officer of director		Dr. Ruth Orth -	President and title
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as reginate to comply with the proving to comply with the proving filed merely to reflect to point and the complete to reflect to the complete to make the complete to the com	stered agent and a sions of all statute. I accept the obliga t a change in the ro of this change.	gree to act in this capacity s relative to the proper and tion of my position as regi egistered office address, I	, I complete performance stered agent. Or, if this hereby confirm that the
Sig	nature of Registered Agent		$\frac{8/9/20}{\text{Date}}$	//
	chalf of an entity:		, , ,	
	Lisa S. Minshew yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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