N0200000 5221

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Artist Series Concerts of Sarasota, Inc.

Name of Corporation

DOCUMENT NUMBER: NO2000005221

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:

Marcy K. Miller

Name of Contact Person

Artist Series Concerts of Sarasota, Inc.

Firm/Company

1226 N. Tamiami Trail, Suite 300

Address

Sarasota, FL 34236

City/State and Zip Code

m.miller@ArtistSeriesConcerts.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcy Miller

.,941

306-1201

Name of Contact Person

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

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

statement of cha	ange is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida tered agent, or both, in the State of Florida.	
1. The name of	the corporation: Artist Series Con-	,	
3. The mailing a	address (if different): N/A		
4. Date of incorp	poration/qualification; 7/8/2002	Document number: N0200005221	
5. The name and Florida Depar	I street address of the current registered a timent of State: (If resigned, enter resigned	agent and registered office on file with the	
	John A. Fischer - 1226 N. Tamiami Tr., Ste. 300, Sarasota, FL 34236		
	RETIRED		
(if changed):	Marcy K. Miller - 1226 N. Tamiami Tr., P.O. Box NOT	Ste. 300, Sarasota, FL 34236	
_		address of the business office of its registered agent,	
Signatur I herely uccent	re of an officer or director the annointment as registered agent an	Jane Hunder, Board Chair Printed or typed name and title d agree to act in this capacity.	
hereby confirm	my duties, and I am familiar with and a state of the state of Registered Agent	utes relative to the proper and complete uccept the obligation of my position as registered ect a change in the registered office address. I my writing of this change. 30 June, 2019	
U		Date	
	iller, Executive Dir.		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

Typed or Printed Name