## N04000001415

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida ir to change its registered office or registered agent, or both, in the State of Florida.
I. The name of t	the corporation: SOUTH FLORIDA FRIENDS OF THE ARTS, INC.
	office address: 536 Coral Way, Coral Gables, Florida 33134
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 02/11/04 Document number: N04000001415
	d street address of the current registered agent and registered office on file with the rtment of State:
	Audrey Ross
	4689 Ponce de Leon Bivd, Suite 300
	Coral Gables, FL 33146
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Joanne Schulte  536 Coral Way
	(P.O. Box NOT acceptable)
•	Coral Gables, FL 33134
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
	We bijan officer or director)  Aug Eg 1/ Lass (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is bet corporation has	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete performance  id I am familiar with and accept the obligation of my position as registered agent. Or, if this  ing filed merely to reflect a change in the registered office address, I hereby confirm that the  s been notified in writing of this change.
Coarse	gnature of Registered Agent)  May 20, 2005  (Date)
If signing on be	chalf of an entity:
Joanne	N. Schotte Typed or Printed Name)

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