

N21 000007662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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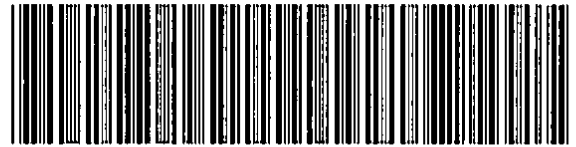
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Amelia Island Opera  
Name of Corporation

DOCUMENT NUMBER: \_\_\_\_\_

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:

Robyn Lamp  
Name of Contact Person

Amelia Island Opera  
Firm/Company

1841 Penimeter Park Rd.  
Address

Fernandina Beach, FL 32034  
City/State and Zip Code

robynmarie.lamp@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robyn Lamp at ( 904 ) 315-7702  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Amelia Island Opera
2. The principal office address: 2884 Lundyns Circle  
Fernandina Beach, FL 32034
3. The mailing address (if different): [X]
4. Date of incorporation/qualification: 6/23/21 Document number: N21000007662
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
United States Corporation Agents, Inc.  
5575 S. Semoran Blvd Suite 36  
Orlando, FL 32822
6. The name and street address of the new registered agent (if changed) and or registered office (if changed):

Robyn Marie Lamp  
1841 Perimeter Park Rd.  
P.O. Box NOT acceptable  
Fernandina Beach, FL 32034

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Robyn Marie Lamp, Co-Founder  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

7/1/22  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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