## N3530%

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dasilless Entry Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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## **COVER LETTER**

то:	Amendment Section Division of Corporations		
SUBJE	The Miami Symphony Orchestra/Orquesta Sinfonica de Miami, I		
JODGE	Name of Corporation		
DOCU	MENT NUMBER:		
The end	losed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please 1	eturn all correspondence concerning this matter to the following:		
	Peggy J. Garcia		
	Name of Contact Person		
	Peggy J. Garcia, P.A.		
Firm/Company			
	240 Crandon Blvd., Suite 263		
Address			
	Key Biscayne, FL 33149		
	City/State and Zip Code		
	Address  Key Biscayne, FL 33149  City/State and Zip Code  peggy@pgarcialaw.com  E-mail address: (to be used for future annual report notification)		
	E-mail address: (to be used for future annual report notification)		
For furt	ner information concerning this matter, please call:		
Peggy	Garcia 305 975-8011		
-	Name of Contact Person Area Code & Daytime Telephone Number		
Enclose	d is a \$35.00 check made payable to the Department of State.		
	Mailing Address: Amendment SectionStreet Address: Amendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		
	Tallahassee, FL 32301		

CR2E045 (03/12)

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

	provisions of sections 607.0502, 617.0502, inge is submitted for a corporation organiz	607.1508, or 617.1508, Florida Statutes, this ed under the laws of the State of Florida
	r to change its registered office or register	
1. The name of	the corporation: The Miami Symphony	Orchestra/Orquesta Sinfonica de Miami, Inc.
2. The principal	office address: 3900 North Miami Ave	nue, 1st Floor, Miami, FL 33137
3. The mailing a	address (if different): 3900 North Miami	Avenue, 1st Floor, Miami, FL 33137
4. Date of incor	poration/qualification: 11/21/1989	Document number: N35308
5. The name and street address of the current registered age Florida Department of State: (If resigned, enter resigned)		
	Robert Allen Law	
	1441 Brickell Avenue, Suite 1400	
	Miami, FL 33131	1 3
6. The name and (if changed):	I street address of the new registered agent	(if changed) and /or registered office
	Peggy J. Garcia, P.A.	TO SEE
	240 Crandon Blvd., Suite 263	
	P.O. Box NOT ac	ceptable 7
	Key Biscayne, FL 33149	
The street address changed will	ess of its registered office and the street ad be identical.	dress of the business office of its registered agent,
Such change wa authorized by th	ns authorized by resolution duly adopted b ne board, or the corporation has been notif	y its board of directors or by an officer so ied in writing of the change.
		Rafael Diaz-Balart, Chairman
I hereby accept I further agree i performance of ayent. Or, if th	the appointment as registered agent and a to comply with the provisions of all statute my duties, and I am familiar with and acciss document is being filed merely to reflect that the corporation has been notified in the corporation of the corporation of the corporation of the corporation has been notified in the corporation of the corporation has been notified in the corporation of the corporation has been notified in the corporation of the corporation has been notified in the corporation of the corporation has been notified in the corporation of the corpora	es relative to the proper and complete Lept the obligation of my position as registered t a change in the registered office address. I
Signature of Registered Agent		-July 20, 2017
If signing on be	half of an entity:	
Peggy J. Gar		
L;	yped or Printed Name * * * FILING FEE:	   \$35.00 * * *
	1 1111179 1 1111	*******

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)