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To:

Division of Corporations Fax Number : (850)617-6380

From:

| Account Name Account Number Phone | : | (702)366 2500 | INC |
|---|---|---------------|-----|
| Fak Number | - | (702)866-2689 | |

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Help

Fax Number : (702)866-2689
**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: Documents@incorp.com

| REGISTERED AGE! FLORIDA GRAND (| | |
|------------------------------------|---------|-------------|
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| Page Count | 0.3 | |
| Estimated Charge | \$35.00 | |

COVER LETTER

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TO: Amendment Section Division of Corporations

SUBJECT: FLORIDA GRAND OPERA, INC. Name of Corporation

DOCUMENT NUMBER: N94000002791

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:

| Joanna Fernandez | | |
|---|-------|---------------|
| Name of Contact Person | | |
| InCorp Services, Inc. | | |
| Firm/Company | | |
| 3773 Howard Hughes Parkway Suite 500S | | .2 |
| Address | 2(| $\leq \gamma$ |
| Las Vegas, NV 89169-6014 | 20 OC | |
| City/State and Zip Code | C | ಲ್ಲಿ ಎಲ್ |
| documents(0)incorp.com | 1 | |
| E-mail address: (to be used for future annual report notification) | MMI | Y OF SI |
| For further information concerning this matter, please call: | :2 | ATIO |
| Joanna Fernandez on behalf of InCorp Services, Inc. at (702) 866-2500 | | 1 12 |
| 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

CR21045 (04/13)

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

1. The name of the corporation: FLORIDA GRAND OPERA, INC.

2. The principal office address: 8390 NW 25TH ST. MIAMI, FL 33122-1504

3. The mailing address (if different):

4. Date of incorporation/qualification: 06/03/1994 Document number: 194000002791

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)

DANIS, SUSAN T

8390 NW 25TH STREET

MIAMI, FL 33122-1504

The name and street address of the new registered agent (if changed) and /or registered office (if changed):

InCorp Services, Inc.

17888 67th Court North

P.O. Box. NOT acceptable

Loxahatchee, FL 33470

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 of an officer of director

Susan T. Danis, CEO

09/21/2020

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Date

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AM II :

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 fapililar 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, Thereby confirm that the corporation has been patified in writing of this change.

MMM zumm Signation ht Registered As

If signing on behalf of an entity:

Joanna Fernandez on behalf of InCorp Services, Inc.

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)