N94000005416



Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1. (Corporation Name) | (Document #) |
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| 2. (Corporation Name) | (Document#) 20003230092: -04/28/0001128002 *****35.00 ******35.00 |
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| 4. (Corporation Name) Walk in Pick up time Mail out Will wait | (Document #) Certified Copy Photocopy Certificate of Status |
| NEW FILINGS Profit Not for Profit Limited Liability Domestication Other | AMENDMENTS Amendment Resignation of R.A., Officer/Director Application Appli |
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Examiner's Initials M55

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both. in the State of Florida.

- 1. The name of the corporation is: The Florida Orchestra Guild/Tampa, Inc.
- 2. The mailing address of the corporation is:

101 S. Hoover Blvd., Ste 100 Tampa, FL 33609

Date of incorporation/qualification: 10/28/94 3.

Document number: N9400005416

4. The name and address of the current registered agent and office:

Eicholtz, Kirk D. 111 E. Madison Street **Suite 2400** Tampa, FL 33602 US

5. The name and address of the new registered agent and office: (P. 0. Box Not Acceptable)

John Feyl c/o The Florida Orchestra 101 S. Hoover Blvd., #100 Tampa, FL 33609

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 chairman of vice chairman of the board) (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 diffies, and I am familiar with and accept the obligation o my position as registered agent.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

JOHN FEYL

(Typed or Printed Name)

(capacity)

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

CR2E045(7/97)

TALLAHASSEE, FL 32314