N96000000614

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJE	ECT: St. Lucie Chorale, Inc. (Name of Co	rporation)
DOCU	MENT NUMBER: N9600000614	<u></u>
The en	closed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter	to the following:
	Bruce R. Abernethy, Jr. (Name of Cont	act Person)
,	Bruce R. Abernethy, Jr., P.A. (Firm/Cor	npany)
ŧ.,.	500 Virginia Avenue, Suite 202 (Addre	ess)
	Fort Pierce, FL 34982 (City/State and	l Zip Code)
For fur	ther information concerning this matter, please ca	ıll:
Bruce	R. Abernethy, Jr. (Name of Contact Person)	at (772) 489-4901 (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (8/05)

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

1. The name of	the corporation: St. Lucie Chorale, Inc.
	l office address: P.O. Box 139, Stuart, FL 34995
3. The mailing	address (if different):
4. Date of incor	poration/qualification: 02/01/1996 Document number: N96000000614
	d street address of the current registered agent and registered office on file with the urtment of State:
	Bruce R. Abernethy, Jr.
	900 Virginia Avenue, Suite 6
	Fort Pierce, FL 34982
(if changed):	Timothy Kimes 2 Riverview Drive Stuart FL 34996
The street addr as changed wil	ress of its registered office and the street address of the business office of its registered agent, I be identical.
Such change wauthorized by	as authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change.
Rallie	Wathleen A. Schnorn, Treasurer (Printed or typed name and title)
I further agree of my duties, a document is be	If the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance In am familiar with and accept the obligation of my position as registered agent. Or, if this It is in a familiar with and accept the obligation of my position as registered agent. Or, if this I hereby confirm that the I have been notified in writing of this change.
Fine	ignature of Registered Agent) /2/28/06 (Pate)
If signing on b	ehalf of an entity:
	(Typed or Printed Name)
·	* * * FILING FEE: \$35.00 * * *