P11000097845

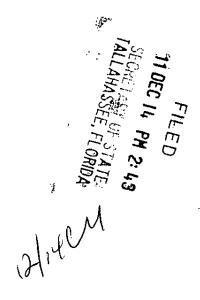
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
Special instructions to 1 ming officer.
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COVER LETTER

Amendment Section Division of Corporations

TO:

	Divino Orchostrati	on Corporation		
SUBJECT:	Divine Orchestrati	Corporation		
DOCUMENT NUMBER:	P11	000097845	 <u></u>	
The enclosed Statement of	Change of Registered Office	ce/Agent and fee are subm	nitted for filing.	
Please return all correspond	ence concerning this matte	er to the following:		
	Matthew	S. Taylor ontact Person		
	Name of Co	ontact Person		
	Matthew S	. Taylor, P.A.		
	Firm/C	Company		
	;			
13077 164th Court North				
		dress		
Jupiter, Florida 33478 City/State and Zip Code				
	City/State a	ind Zip Code		
mk17078@aol.com				
E-mail	address: (to be used for	future annual report not	ification)	
For further information con	cerning this matter, please	call:		
Matt	Taylor	at (561)	743-1505	
	ntact Person	at (<u>561</u>) Area Code & Day	time Telephone Number	
Enclosed is a \$35.00 check	made payable to the Depar	rtment of State.		
Ma	iling Address: nendment Section	Street Address Amendment S	S: Section	
	vision of Corporations	Division of C		
P.O. Box 6327			Clifton Building	
Tallahassee, FL 32314			2661 Executive Center Circle	

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida ir to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Divine Orchestration Corporation
2. The principal	office address: 17078 127th Drive North, Jupiter, Florida 33478
3. The mailing a	ddress (if different): Same
4. Date of incorp	poration/qualification: 11/14/2011 Document number: P11000097845
	d street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Filings, Inc.
	3732 NW 16th Street
	Fort Lauderdale, Florida 33311
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Mary Kathleen O'Regan
	17078 127th Drive North
	P.O. Box NOT acceptable Jupiter, Florida 33478
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
NUC Signatur	Mary Kathleen O'Regan Printed or typed name and title
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
M l(Sign	ORIA DOLLA 3, 001
If signing on be	half of an entity:
	/ Kathleen O'Regan yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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