

P15000037025

Florida Department of State
Division of Corporations
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To: Division of Corporations
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REGISTERED AGENT CHANGE
THE ACTORS WORKSHOP OF SOUTH FLORIDA INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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**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, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE ACTORS WORKSHOP OF SOUTH FLORIDA, INC.
2. The principal office address: 6278 N FEDERAL HWY #462
FT. LAUDERDALE, FL 33308
3. The mailing address (if different): P.O BOX 5134
DEERFIELD BEACH, FL 33442
4. Date of incorporation/qualification: 4/24/15 Document number: P15000037025
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)

RESIGNED

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

PEGGY LINKER

7228 SAN SEBASTIAN DR

P.O. Box NOT acceptable

BOCA RATON, FL 33433

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.

J. Kelly
Signature of an officer or director

JANE KELLY
Printed or typed name and title

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 familiar 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, I hereby confirm that the corporation has been notified in writing of this change.

✓ Peggy Linker
Signature of Registered Agent

7-9-15
Date

If signing on behalf of an entity:

PEGGY LINKER
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

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