I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.					
SIGNATURE: MARTIN BECKER	TREASURER	02/02/2024			

City-State-Zip: POMPANO BEACH FL 33069

(

SIGNATURE				
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	TREASURER	Title	Р	
Name	BECKER, MARTIN	Name	CRAIG, SALLY	
Address	244 RIVERWALK CIR	Address	105 LAKE EMERIALD DRIVE #516	
City-State-Zip:	SUNRISE FL 33326	City-State-Zip:	OAKLAND PARK FL 33309	
Title	v			
Name	NICKLAS, MICHELE			
Address	504 GARDENS DRIVE - APT. 104			

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

105 LAKE EMERALD DRIVE #516 OAKLAND PARK, FL 33309 US

FORT LAUDERDALE, FL 33310 **Current Mailing Address:**

1900 W OAKLAND PARK BLVD

101803

PO BOX 101803 FORT LAUDERDALE, FL 33310-1803 US

Current Principal Place of Business:

FEI Number: 05-0612558

Name and Address of Current Registered Agent:

CRAIG, SALLY

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0500001325

Entity Name: FORT LAUDERDALE SYMPHONIC WINDS, INC.

FILED Feb 02, 2024 Secretary of State 3010129729CC

Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail

Date