## L08000003861

•
(Requestor's Name)
(Address)
( <i>i.</i> 1841-555)
(Address)
(City/State/Zip/Phone #)
(-14,-101212,-14, 110112,114)
PICK-UP WAIT MAIL
(Business Entity Name)
(
. (Document Number)
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2008 APR 22 AM IO: 56
SECRETARY OF STATE
ASSEE, FLORIDA

T. CLINE
APR 2 3 2008
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JP MUSIC PRODUCTIO (Name of	NS,LLC of Limited Liability Company)
Dear Sir or Madam:	,
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
ووالم المساور المساور المراجع	and the second of the second o
HECTOR PARDO	
(Name of Person)	200 7.5
JP MUSIC PRODUCTIONS,LLC	2008 APR 22 AH IO: 56 SECRETARY OF STATE TALLAHASSEE. FLORID
(Firm/Company)	HASS
	SEY SEE
532 CALADESI TRL	FF ST 0.
(Address)	ATE 56
ORLANDO FL 32807	<i>.</i>
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
HECTOR PARDO	at (407) 952-8869
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	wing amount:
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limit	ed liability comp	oany is: JP MUSIC P	PRODUCTIONS,LLC	
2. The mailing address of	of the limited liab	oility company is:	532 CALADESI TRL	·
ORLANDO FL 32807				
january 11,2008		Tankler out the control of the control of	L08000003861	
		4. Document num	ber	
5. The name of the regist Florida Department of	tered agent and the State:  JOHN GUTIE	EREZ	address as shown o	n the records of the
	532 CALADES	Name SLTRI		
	001 0/11/1001	Address		
	ORLANDO FL			
		City, State and Z	ip	
6. The name and address	of the new regis	tered agent and/or	office:	Z000 SEC
	JULIAN ORTI	Ζ .		APR APR
	2470 OAK MIL	Name L DR		ARY SSEI
	Florida street	address (P.O. Box	NOT acceptable)	AMIO:
	KISSIMMEE	FL 3474	14	O: 56
		City, State and Zip	•	TE ANDA
If the limited liability conconfirmed that after the cand the business office of liability company, it is not the members of the liability company, it is not the operating agreement (Signature of a member or dutted)  (Printed or typed name of signed I hereby accept the appearance of the provision and I am familiar with a chapter of the FIS. Or, if address, I hereby confirmed.	change or change of the registered a ereby confirmed mited liability confirmed and of the limited of the limited enter representative of the limited enterpresentative enterpresenta	es are made, the Flo agent will be identic that the change(s) vompany or as othervaliability company.	rida street address of al. Or, in the case of was/were authorized wise provided in the	of the registered office of a Florida limited I by an affirmative vote articles of organization

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)

of Registered Agent) JUIIAN ORTIZ