## L11000032836

(Requestor's Name)					
(Address)	·-···				
(Address)					
(City/State/Zip/Phone #)					
PICK-ÜP WAIT N	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
	į				

Office Use Only



700239472977

09/17/12--01039--023 \*\*25.00

SECRETARY OF STATE

APPROVED AND FILED

D. BRUCE SEP 18 2012 EXAMINER

## **COVER LETTER**

TQ:	Registration Section Division of Corporations							•
SUB	JECT: EMPTY CITY		4					
	Name of L	imited	l Liability	Company	,			
Dear	Sir or Madam:							
The	enclosed Registered Agent/Registered O	ffice (	Change an	d fee(s) ar	re submitted for filin	g.		
Pleas	e return all correspondence concerning	this m	atter to the	e followin	g:			
	SAMUEL A. BLOCK							
	Name of Person							
	SAMUEL A. BLOCK, P.A.					stander 🛊		
	Firm/Company					AE SE	12	
						숲	SEP I	
	1555 INDIAN RIVER BLVD, SUITE	<u>: B-12</u>	25			중됐		
	Address					SEC	17 AM 10: 5	
						n _	=	
	VERO BEACH, FLORIDA 329	60					ö	
	City/State and Zip Code						5	
	slacey@blocklaw.org E-mail address: (to be used for future annual report no	otificatio	on)					
For f	urther information concerning this matte	er, plea	ase call:					-
	SAMUEL A. BLOCK	at (	772 )		794-1918			
	Name of Person	- \_	Are	a Code & Da	ytime Telephone Number			
	STREET/COURIER ADDRESS:		MAII	ING ADD	DECC.	•		
	Registration Section			ation Sect				
	Division of Corporations			on of Corpe				
	Clifton Building			ox 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallaha	issee, Flor	ida 32314			
	Enclosed is a check for the followin	gamo	ount:					
	<b>✓</b> \$25 Filing Fee		\$55 F	Filing Fee	& Certified Copy			

INHS18 (5/08)

## 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.

h. Name of the limited liability company:EMPTY C	ITY RECORDS AND MUSIC, LLC					
2. (a) Principal office address of limited liability company	: 1555 INDIAN RIVER BLVD					
(Note: MUST BE STREET ADDRESS)	SUITE B-125 VERO BEACH, FL 32960					
(b) Mailing address of limited liability company:	1555 INDIAN RIVER BLVD					
(Note: MAY BE POST OFFICE BOX)	SUITE B-125 VERO BEACH, FL 32060					
03/17/2011	L11000032836					
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
Registered Agent:	SAMUEL A. BLOCK,ESQ.					
Registered Office Address:	21 ROYAL PALM POINTE SUITE 100 SERO BEACH, FL 32960 SERO SERO SERO SERO SERO SERO SERO SERO					
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:					
<b>NEW</b> Registered Agent:	SAMUEL A. BLOCK, ESQ 5					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1555 INDIAN RIVER BLVD. SUITE B-125 VERO BEACH ,FL32960					
If the limited liability company is not organized under the						

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

SF	۱М	JEL	. A.	BLC	)CK	

Printed or typed name of signee

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 statules relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for an Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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