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(Address)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**ML PRODUCTIONS MOBILE DISC JOCKEYS, LLC**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Sonia Becerra**

\_\_\_\_\_  
Name of Person

**Swyft Filings**

\_\_\_\_\_  
Firm/Company

**515 Post Oak Blvd. #300**

\_\_\_\_\_  
Address

**Houston, TX 77027**

\_\_\_\_\_  
City/State and Zip Code

**filings@swyftfilings.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Sonia Becerra**

at ( **877** ) **777-0450**

\_\_\_\_\_  
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 following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FC LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: ML PRODUCTIONS MOBILE DISC JOCKEYS, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

12211 ENVIRONMENTAL DR VILLA#1  
NEW PORT RICHEY, FL 34654

ML Productions LLC  
Mobile Disc Jockeys  
P.O. Box 222  
Port Richey, FL 34673

3. 03/23/2016 Date of filing/registration in Florida 4. L16000059082 Document number

5. (a) \_\_\_\_\_  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
INCorp SERVICES, INC.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470

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 TALLAHASSEE, FL

(b) \_\_\_\_\_  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

LegalCorp Solutions, LLC  
NEW Registered Office Address:  
3440 W Hollywood Blvd. Suite 415  
Hollywood, FL 33021

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.

X  a member or authorized representative of a member Joshua Brown 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 statutes 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 in Chapter 605, 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.*

Travis Crabtree, OBO LegalCorp Solutions, LLC  
 Signature of Registered Agent