Horidic Department of Scale Division of Corporations

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To.

Division of Corporations

Fax Number : (850)617-6383

From.

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. i .

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE

VALERIE MUSIC LLC

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FEB 0 3 2023

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability consubmits the following statement in order to change its registered office or registered agent, or both, in the St. Florida.

l. Na	ime of the limited liability company: \bigvee	LERIE	ΜL	ISIC LL	LC_				
2. (a)			(n)					
	Principal office address of limited liability (Note: MUST BE STREET ADDR				Mailing addres (Note: MA)				
	7901 4th St N STE 300			7901 4	th St N S				<u></u> ,
	St. Petersburg FL 33702	••	_	St. Peter	rsburg FL	33702			
	02/01/2022		_	1.2200	00505	0.4		-	
3	02/01/2022			L2200	00535				
3.	Date of filing/registration in Flor	Tida -	4.		Document	number			
5. (a)	TOLEDO, VALERIE J				-				
	Registered Agent and Registered Office shown on	the records of th	e Florid	a Dept. of State	: :				
	13727 SW 152ND STREET	. <u>.</u>			•				
	Registered Office Address (MUST BE FLORI	<u>Da STREET AI</u>	<u>DDRES</u>	27		100		202	
	336	<u>-</u>						2023 FFB	
	MIAMI	EI 3	3317	7				(D)	
(b)	Northwest Registered A			ldress:				-3 PM 12: 32	<u></u>
	7901 4th St N		·		-		7	10	
	NEW Registered Office Address: STE 300								
	St. Petersburg	, Fl. ³	3370	2					
the cha agent w was/we the arti-	mited liability company is not organized unge or changes are made, the Florida stree will be identical. Or, in the case of a Florida re authorized by an affirmative vote of the cles of organization or the operating agree	t address of the limited liah members of	he reg pility c the lir imited	stered office ompany, it is nited liability	and the bu hereby cor y company o	siness of	ffice that t	of the r he char	egiste ige(s)
•	ure of a member or authorized representative of a m	nember			Printed or typ	ped name	of sign	1ee	
provision the oblination to mere	by accept the appointment as registered as cons of all statutes relative to the proper a igations of my position as registered agently reflect a change in the registered office lin writing of this change. Taylor Newman	id complete p t as provided r address, I hè	erforn for in reby c	ance of my a Chapter 605 onfirm that i	acity. I furt luties, and i , F.S. Or, i the limited l	her agro Lam fan f this do liability	re to c tiliar cume comp	comply with ar art is be early ha	with t id acc ing fil s been

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

Signature of Registered Agent