

F00000000000 00299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

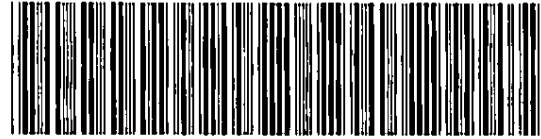
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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RECEIVED

2023 NOV 17 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

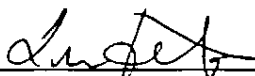
2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$35.00

Authorization Signature:



:

GUITAR CENTER STORES, INC

F00000000299

BUSINESS NAME

DOCUMENT #

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

AMMENDMENTS

☒ **x** Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

OTHER FILINGS

☐ Apostille

☐ Country

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Reinstatement

☐ Qualification

☐ Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: GUITAR CENTER STORES, Inc.
Name of Corporation

DOCUMENT NUMBER: FOOOOOOOOO 299

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Pollard
Name of Contact Person

GUITAR CENTER STORES, Inc
Firm/Company

5795 Lindero Canyon Road
Address

Westlake Village, CA 91362
City/State and Zip Code

Mike Pollard 3030 gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Pollard at (904) 3769763
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

FOOOOOOOOO 299

(Document number of corporation (if known))

1. GuITAR center Stores Inc
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 01 18 2000
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____
5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	Name	Address	Type of Action
P	Japinga Ronald	5795 Lindero	<input type="checkbox"/> Add
		1 Canyon Road west	<input checked="" type="checkbox"/> Remove
cfo	Martin Tim	Lakeville, CA 91362	<input type="checkbox"/> Add
		2 5795 Lindero	<input checked="" type="checkbox"/> Remove
D	Pendleton, Michael	Canyon Road west	<input type="checkbox"/> Add
		Lakeville CA 91362	
		3 5795 Lindero	<input checked="" type="checkbox"/> Remove
P	Michael Pollard	Canyon Road	<input checked="" type="checkbox"/> Add
		west Lakeville CA 91362	
		4 5795 Lindero	<input checked="" type="checkbox"/> Add
		Canyon Road	<input type="checkbox"/> Remove
		west Lakeville, CA 91362	
VP	Michael Pollard	5 8621 W Charleston	<input checked="" type="checkbox"/> Add
		Bld Suite, 110 Las Vegas	<input type="checkbox"/> Remove
		NV 89119	

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Michael Pollard President / owner
 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)
Michael Pollard
 (Typed or printed name of person signing)

Owner / President
 (Title of person signing)

FILING FEE \$35.00