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B. BOSTICK

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## CORPORATE ACCESS,

## "When you need ACCESS to the world"

INC.

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236 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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<b>X</b>	CERTIFIED COPY		
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	CORPORATE NAME AND DOCUME		TALLAHASSEE
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	CORPORATE NAME AND DOCUME	NT #)	<u> </u>
_	CORPORATE NAME AND DOCUME	N'Γ#)	

## 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. Name of the limited liability company:	Salaam Remi Music L	alaam Remi Music L.L.C.			
2. (a) Principal office address of limited liability comp	oany:				
(Note: MUST BE STREET ADDRESS)		10960 Wilshire Blvd, 5th Floor Los Angeles, CA 90024			
(b) Mailing address of limited liability company:	c/o L. Alexander	c/o L. Alexander, CPA			
(Note: MAY BE POST OFFICE BOX)		10960 Wilshire Blvd, 5th Floor 5 Los Angeles, CA 90024			
9/17/2002	L02000024	L02000024190			
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown	on the records of the Florida I	Dept. of	State:		
Registered Agent:	Salaam Gibbs	<u> </u>			
Registered Office Address:	8390 SW 94th Street Miami, FL 33156	1 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3 H 8 25	3 3 3 4 3 4	
(b) Enter name of <b>NEW Registered Agent</b> and/or I	NEW Registered Office addr	<u>(, , , , , , , , , , , , , , , , , , , </u>	7	: 2 E	
NEW Registered Agent:	eResidentAgent, Inc.	- 10 (A)	6: =		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	236 E 6th Ave.				
·	Tallahassee	,FL	3230	3	
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company.	te Florida street address of the lentical. Or, in the case of a F ge(s) was/were authorized by a therwise provided in the article	registero lorida lir n affirm	ed offi mited ative	vote	
Signature of a member or authorized representative of a member					
Katie Thurman Printed or typed name of signee					
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comparison.	nd agree to act in this capacity proper and complete perform position as registered agent of merely reflect a change in the pany has been notified in writi	. I furth ance of is provid register ng of thi	er agi my du led foi ed off s char	ree to ities, r in fice ige.	

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

Signature of Registered Agent