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EXAMINER

COVER LETTER

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| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: RMR Music, LLC | | |
| (Name | e 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 concernin | g this matter to the following: | |
| Randi Swatt | | |
| (Name of Person) | | |
| (Firm/Company) | | |
| | | |
| 102 NE 2nd Street, # 406 (Address) | · | |
| Boca Raton, FL 33432 | | |
| (City/State and Zip Code) | | |
| For further information concerning this ma | tter, please call: | |
| Randi Swatt | at (305) 331-1452 | |
| (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 follow | ing amount: | |
| | ☐ \$55 Filing Fee & Certified Copy | |

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: RMR Music | LLC - | |
| 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | y: 102 NE 2nd Street, # 406 Boca Raton, FL 33432 | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 102 NE 2nd Street, # 406 Boca Raton, FL 33432 | |
| 11/20/2006 | L06000112056 | |
| 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: | Business Filings Incorporated | |
| Registered Office Address: | 1203 Governor's Square Blvd. | |
| _ | Tallahassee, FL 32301-2960 | |
| | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | W Registered Office address: | |
| NEW Registered Agent: | Robert Brizel | |
| NEW Registered Office Address: | 1021 Ives Dairy Rd. | |
| (MUST BE FLORIDA STREET ADDRESS) | Suite 220 Miami | |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member) | et address of the registered office and the business | |
| Randi Swatt | _ | |
| (Printed or typed name of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified | igree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change. | |
| | 2009 35.0 TALL | |
| (Signature of Registered Agent) | many many party many | |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FF FILING FEE: \$25.00 | | |

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