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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GAB Music LLC	******	
(Nam	e of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concernis	ng this matter to the following:	
Gabriel E. Pulido		
(Name of Person)		
GAB Music LLC		
(Firm/Company)		
2333 Brickell Avenue, Suite 205		
(Address)		
Miami, FL 33129		
(City/State and Zip Code)		
For further information concerning this m	atter, please call:	
Gabriel E. Pulido	at (305) 854-4059	
· (Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the follow	wing amount:	
✓ \$25 Filing Fee	\$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.

in the State of 1 tortia.	
1. Name of the limited liability company: GAB Musi	ic LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 2333 Brickell Avenue Suite 205 Miami, FL 33129
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2333 Brickell Avenue Suite 205 Miami, FL 33129
March 29, 2007	L07000034037
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	Agents and Corporations, Inc.
Registered Office Address:	300 Fifth Avenue South Suite 101-330 Naples, FL 34102
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	MEW Registered Office address: Gabriel E. Pulido 2333 Brickell Avenue
(MUST BE FLORIDA STREET ADDRESS)	Suite 205 Miami ,FL 33129
If the limited liability company is not organized under that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company (Signature of a member or authorized representative of a member) (Printed or typed name of signee)	rect address of the registered office and the business e case of a Florida limited liability company, it is ed by an affirmative vote of the members of the limited as of organization or the operating agreement of the
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notified.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, and I ion as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby fied in writing of this change.

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

(Signature of Registere