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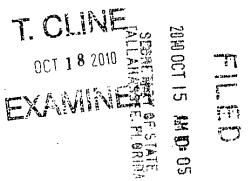
(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KZK RECORD Name of Limited	S L.L.C. Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Jose J. Bennios Name of Person	<u>. </u>
KZK RECORDS	
1360 MONAL Tennace MANAGERS Minmi Beach FL. 331.	LAH
City/State and Zip Code	COM RET
For further information concerning this matter, plea	se call:
Jose J. Bernios at (=	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amo	unt:
\$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.

2

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1. Name of the limited liability company:KZK´	RECORDS L.L.C.
2. (a) Principal office address of limited liability compan	y: 1360 Moual Tennace ope
(Note: MUST BE STREET ADDRESS)	MimiBeach FL. 33139
(b) Mailing address of limited liability company:	1360 Mound Tenrace apl.
(Note: MAY BE POST OFFICE BOX)	Misni Beach. FL. 33139
01/18/2008	L08000007425
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:	Jose J. Bernios
Registered Office Address:	400 NE 86H ST. EL PONTAL FL 33138
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address: <u>Jose J. Bennios</u> 1360 Monad Tennace Apl. 2
MICSI BE I ECHIEFI STREET TIEBRESS	MIAMI BEACH ,FL 33139
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	Clorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization y.
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 prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address. Thereby compandations of the limited liability compandations of the compandati	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	·
Division of Cornorations, P.O. Box 63	27. Tallahassee, FL 32314

FILING FEE: \$25.00