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(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Darkchild Records LLC			
Nam	ne of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning thi	is matter to the following:		
Joshua Enriquez			
Name of Person			
Darkchild Records LLC			
Firm/Company			
23679 Calabasas Rd, Unit 1133			
Address			
Calabasas, CA 91302			
City/State and Zip Code			
joshua@seventy7music.com			
E-mail address: (to be used for future ann	ual report notification)		
For further information concerning this matter,	please call:		
joshua enriquez	at (310) 3575545		
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 following	amount:		
	☐ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.

L. Na	ame of the limited liability company: DARKCHIL	D RECORI	DS LLC
2. (a)	7901 4th St N	(b) 23679	Calabasas Rd
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 300	<u>Unit 1</u>	133
	St. Petersburg , FL 33702	Calaba	asas, CA 91302
	02/05/2008	L0800	0013057
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Joy C. Enriquez		
. (.,	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of S	tate:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	2984 Alatka Court		
	Longwood	32779	2021 JAN
		·	
(b)	Registered Agents Inc.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office address:	PA List
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. PetersburgFL	33702	
If the 1	imited liability company is not organized under the law	s of the State of	Elorida, it is hereby confirmed that after
the cha	inge or changes are made, the Florida street address of	the registered off	ice and the business office of the registered
was/we	will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of	f the limited liabi	lity company or as otherwise provided in
the/a/rti	cles of organization or the operating agreement of the l	-	, ,
Sign	tyre of a member or authorized representative of a member	Joy C. Enriq	Printed or typed name of signee
Hherdi proviti the obl to merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I h I in writing of this change.	performance of m I for in Chapter 6 ereby confirm the	anacity I further goree to comply with the
Signatu	Bill Havre - Assistant	Secretary	