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M. THOMAS

MAR 1 2 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MIAMI MUSIC SHOW L	1.0
	of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fec(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
HERNAN RICARDO FORTUNA	
(Name of Person)	
MIAMI MUSIC SHOW LLC (Firm/Company)	
888 BRICKELL KEY DR. SUITE #609	
(Address)	
MIAMI, FL 33131	· · · · · · · · · · · · · · · · · · ·
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
HERNAN RICARDO FORTUNA	at (<u>305</u>) 965-0816
(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 following	ng amount:
✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (5/08)	

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.	Nan	ne of the limited liability company: MIAMI MUS	IC SHOW LLC	
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	: 888 BRICKELL KEY DR. SUITE #609 MIAMI, FL 33131	0
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	888 BRICKELL KEY DR. SUITE #609 MIAMI, FL 33131	8
	/01/2		L08000115249	
3.	Date	e of filing/registration in Florida	4. Document number	
5. (a	(a)	Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:	
		Registered Agent:	GABRIELA A. DUNA	0
			3240 SW. 80 AVE. MIAMI, FL 33155	9 #8 TEL
		Enter name of NEW Registered Agent and/or NEW NEW Registered Agent:	V Registered Office address:	OS MAR 11 MA IL: 05 SECRETARISSEE FLORIDA
		č	8001 CRESPI BLVD. 4th FLOOR #D	SALE OF
(MOST BE FLORIDA STREET ADDRESS)			MIAMI BEACH ,FL 33141	
tha off her lial lim	t after or eby oility ited	mited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the case confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	address of the registered office and the busine se of a Florida limited liability company, it is an affirmative vote of the members of the limited limited.	ss aited
(Sig	naturo	of a memor or authorized representative of a member)		
		N RICARDO FORTUNA or typed name of signec)		
I k cor am F.S cor	nereb nply fam 5. Oi nfirm	y accept the appointment as registered agent and ag with the provisions of all statutes relative to the pro- iliar with and accept the obligations of my position of r, if this document is being filed to merely reflect a c that the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, an as registered agent as provided for in Chapter hange in the registered office address, I hereby in writing of this change.	nd I 608, ,

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

INHS18 (05/08)