(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	· WAIT	MAIL
(Bı	isiness Entity Nar	ne)
· (Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status <u>(2.6.61-41</u>
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EXAMINER



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:AC	QUOS Music, LLC
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
<b>3</b>	
Peter Robles Jr	
Name of Person	<del></del>
AQUOS Music,LLC	
Firm/Company	
3301 N Country Club Drive #60	01
Address	
Aventura, Florida 33180	
City/State and Zip Code	
probles828@yahoo.com E-mail address: (to be used for future annual report no	tification)
For further information concerning this matter	r, please call:
Peter Robles Jr.	at ( 305 ) 389-5859
Name of Person	at (305) 389-5859  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	g 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.

Name of the limited liability company:	AQUOS Music, LLC
2. (a) Principal office address of limited liability company	3301 N Country Club Drive #601
(Note: MUST BE STREET ADDRESS)	Aventura, Florida 33180
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
02/24/2009	L09000018119
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Corporation Service Company
Registered Office Address:	1201 Hays Street Tallahassee Florida 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	Peter M Robles Jr  3389 Sheridan Street #551
(MUST BE FLORIDA STREET ADDRESS)	Hollywood ,FL33021
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identified liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company  Signature of a member or authorized refresentative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proceeding of the obligations of my positive to the proceeding of the obligations of my positive to the procedures, I hereby confirm that the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative yote wise provided in the articles of organization.

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