## L09000030553

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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T. HAMPTON

EXAMINER

## **COVER LETTER**

10:	Division of Corporations			
SUBJ	ECT: LOCK	-IT DO\	NN RECO	RDS, LLC
	Name o	of Limited	l Liability Co	mpany
Dear S	Sir or Madam:			
The e	nclosed Registered Agent/Registere	d Office (	Change and fo	ee(s) are submitted for filing.
Please	e return all correspondence concerni	ing this m	atter to the fo	llowing:
	HENRY J. JACKSON Name of Person	N.		
	LOCK-IT DOWN RECORDS	S, LLC		
	316 LAFAYETTE BLV	D.		
· <u></u>	OLDSMAR, FLORIDA 34 City/State and Zip Code	1677	<u></u>	
E	lockitdownrecords@live.	COM ort notification	on)	
For fu	orther information concerning this m	natter, ple	ase call:	
	HENRY J. JACKSON	at (_	813 )	854-1916
	Name of Person		Area Co	ode & Daytime Telephone Number
	STREET/COURIER ADDRESS:			G ADDRESS:
	Registration Section		Registration Section	
	Division of Corporations		Division of P.O. Box	of Corporations
	Clifton Building			
	2661 Executive Center Circle Tallahassee, Florida 32301		i aiianasse	ee, Florida 32314
	Enclosed is a check for the follo	wing amo	ount:	
	\$25 Filing Fee		\$55 Fili	ng 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.

1. Name of the limited liability company:LOC	K-IT DOWN RECORDS, LLC			
2. (a) Principal office address of limited liability company	y: 318 Lafayette Blvd.			
(Note: MUST BE STREET ADDRESS)	OLDSMAR, FLORIDA 34677			
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
03/27/2009	L09000030553			
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:	CARLA M. JACKSON			
Registered Office Address:	318 LAFAYETTE BLVD. OLDSMAR, FLORIDA 34677			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	HENRY J. JACKSON  316 LAFAYETTE BLVD.			
(MUST BE FLORIDA STREET ADDRESS)	OLDSMAR ,FL34677			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative tote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a number or authorized representative of a member  HENRY J. JACKSON  Printed or typed name of signee  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of a dutter and I am familiar with and accept the obligations of my position as registered agent as provided forces address. I hereby confirm that the limited liability company has been notified in writing of this change.  Signature of legistered Agent  Signature of legistered Agent				
	27 Tallahanna El 2224			
Division of Cornerations, P.O. Rox 63	527. I SHS NASSEE. NJ. 52.514			

**FILING FEE: \$25.00** 

INHS18 (05/08)