## L1000058929

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



900196018319

02/28/11--01032--001 \*\*25.00

11 FEB 28 PH 12: 06

N. Culligan MAK 1 - 2011

## **COVER LETTER**

TO:	Registration Section Division of Corporations		93/11			
SUBJ			lanagement LLC			
	Name of	Limited	Liability Company			
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Registered	Office C	Change and fec(s) are submitted for filing.			
Please	e return all correspondence concernin	g this ma	atter to the following:			
	0.11.11.11.11					
	Catherine M Parsons Name of Person		<del></del>			
	Name of Ferson					
	JoJo's Taços					
	Firm/Company					
	11351 SW 3rd Street					
	Address					
	Plantation, FI 33325					
	City/State and Zip Code					
Cathy.Parsons@BankofAmerica.com  E-mail address: (to be used for future annual report notification)						
15	-man address: (to be used for future annual report	пописано	n)			
For fu	orther information concerning this ma	tter, plea	se call:			
	Catherine M Parsons	at (	954 ) 415 1887			
	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 follow	ing amoi	unt			
		பத வார				
	\$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:	CulArtist Management L	LC			
2. (a) Principal office address of limited liability compa	any: 247 Wildwo	247 Wildwood Circle			
(Note: MUST BE STREET ADDRESS)	Deerfield Beach, Florida	33442			
(b) Mailing address of limited liability company:	247 Wildwood Circ	cle			
(Note: MAY BE POST OFFICE BOX)	Deerfield Beach, Florida	33442			
06/02/10	L100000589	29			
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida De	pt. of State			
Registered Agent:	John P Miller	SECR. VISION			
Registered Office Address:	2499 Glades Road Suite 304 Boca Raton, FL 33431	8 28 P			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent</u> :	Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  Catherine M Parsons				
NEW Registered Office Address:	11351 SW 3rd Street				
(MUST BE FLORIDA STREET ADDRESS)	Plantation	,FL <u>33325</u>			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change 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 representative of a member	e Florida street address of the re- entical. Or, in the case of a Flor e(s) was/were authorized by an a	gistered office ida limited affirmative vote			
Joseph T Parsons					
Printed or typed name of signee					
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this accument is being filed to i address, I hereby confirm that the limited liability comp	I agree to act in this capacity. I proper and complete performan position as registered agent as p merely reflect a change in the re any has been notified in writing	I further agree to ice of my duties, provided for in egistered office of this change.			
Signature of Registered Agent Carry	ing in Paradons	,			

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