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R. WHITE

COVER LETTER

TO: Registration Section

Divi	sion of Corporations				
SUBJECT:	SOBE TALENT MANAGEMENT, LLC				
SOBJECT.	Name of Limited Liability Company				
Dear Sir or N	/ladam:				
The enclosed	Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to the fo	ollowing:		
IVAN J. PA	ARRON				
	Name of Person		_		
PARRON	& ASSOCIATES, PL				
	Firm/Company		_		
175 SW 7	TH STREET, SUITE 1210				
	Address		_		
MIAMI, FL	33130				
	City/State and Zip Code		-		
•	ONLAW.COM				
E-mail	address: (to be used for future ann	ual report notific	ation)		
For further in	nformation concerning this matter,	please call:			
IVAN J. PA	ARRON	305	851-2320		
	Name of Person		Area Code & Daytime Telephone Number		
STR	EET/COURIER ADDRESS:	MA	ILING ADDRESS:		
Regi	stration Section	Registration Section			
Divis	sion of Corporations	Division of Corporations			
	on Building	P.O. Box 6327			
	Executive Center Circle	Tallahassee, Florida 32314			
Talla	hassee, Florida 32301				
Encl	osed is a check for the following	amount:			
☑ \$2	25 Filing Fee	□ \$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.

Name of the limited liability company: SOBE TALE	ENT MAN	NAGEMENT, LLC		
a) 175 SW 7TH STREET, SUITE 1210	(h	(b) 175 SW 7TH STREET, SUITE 1210		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of l	limited liability company: POST OFFICE BOX)	
MIAMI, FL 33130	_	MIAMI, FL 33130		
10/29/2010		L10000112942		
Date of filing/registration in Florida	4.	Document num	ber	
P & A REGISTERED AGENTS, LLC				
Registered Agent and Registered Office shown on the records of 175 SW 7TH STREET Registered Office Address (MUST BE FLORIDA STREET) SUITE 1810				
MIAMI	_L 33130			
P & A REGISTERED AGENTS, LLC Enter name of NEW Registered Agent and/or NEW Registered 175 SW 7TH STREET	d Office add	iress:		
NEW Registered Office Address: SUITE 1210				
	33130		· · · · · · · · · · · · · · · · · · ·	
e limited liability company is not organized under the la hange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the mature of a member or authorized representative of a member reby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete bligations of my position as registered agent as provide the proper and complete the proper and complete bligations of my position as registered agent as provide the proper and complete the proper and complete bligations of my position as registered agent as provide the proper and complete the proper and complete bligations of my position as registered agent as provide the proper and complete bligations of my position as registered agent as provide the proper and complete bligations of my position as registered agent as provide the proper and complete bligations of my position as registered agent as provide the proper and complete bligations of my position as registered agent as provide the proper and complete bligations of my position as registered agent as provide the proper and complete bligations of my position as registered agent and agent and agent and agent and agent and agent agent and agent and agent agent agent agent and agent	aws of the of the regis liability coron of the limited liability lives a limited liability lives to act.	tered office and the busines mpany, it is hereby confirm ited liability company or as iability company. N J. PARRON Printed or typed no in this canacity. I further of	is office of the registered and that the change(s) otherwise provided in	
ture of Registered Agent	'hereby co	nfirm that the limited liabil	ity company has béen	
Division of Corporations • P.O.	Box 6327	• Tallahassee. FL 32314		

FILING FEE: \$25.00