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## COVER LETTER

60,121,121	
TO: Registration Section Division of Corporations	
SUBJECT: HRW MUSIC Group LLC.  Name of Limited Libility Company	0
Dear Sir or Madam:	.ε.; (2)
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	U
Please return all correspondence concerning this matter to the following:	
Robert G. Roe, Jr. Name of Person	
HRW Music Grosp, LLC Firm/Company	
600 Wisteria Court	
Celebration FL 34747  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Robert Roe at 139 438-7152  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 amount:	
\$25 Filing Fee	
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.

	LRIII MUSIC GUMAN LLC
I. Na:	ne of the limited liability company: 100 1100 1100 1100 1100 1100 1100 110
2. (a)	600 Wisteria Court (b) 600 Wisteria, Court
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Celebration, FL 34747 Coldoration, FL 34741
3.	12   29   2010
5. (a)	ROUCKI G INV
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  248 51 V-EVALO DVNE
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  April 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	FL
, (b)	Robert G. Roe, JR
	Enter name of NEW Registered Agent and/or NEW Registered Office address:  SEW Registered Office Address:
	Coderation .FL. 34747
the cha agent w was/we the arti	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after age or changes are made, the Florida street address of the registered office and the business office of the registere ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the office of a member or authorized representative of a member.  Robert C. Roe T.  Printed or typed name of signee
provisi the gbl to meri notified	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflective change in the registered office address. I hereby confirm that the limited liability company has been in in writing of this change.
	Division of Cornerations P.O. Pey 6227a Tellaharras El. 22314

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