## L11000107334

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J. SAULSBERRY EXAMINER JUL - 2 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TBSE MUSIC, LLC  Name of Limited Liability	Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change an	d fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
DANNA HAYDAR  Name of Person	
TAMPA BAY ARENA, LP	7 <b>8</b> 1
Firm/Company	
401 CHANNELSIDE DRIVE	1
TAMPA, FL 33602  City/State and Zip Code	STANTONS TATE ALL SHASSET FIRE ORIDA
DHAYDAR@TAMPABAYTIMESFORUM.COM  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
DANNA HAYDAR at (813	301-6845 ea Code & Daytime Telephone Number
Registration Section Regist Division of Corporations Divisi Clifton Building P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

Enclosed is a check for the following amount:

## 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. Na	ame of the limited liability company: TBSE MUSIC, LLC			_
2 (	N N N N N N N N N N N N N N N N N N N		[20]	
2. (a	Principal office address of limited liability company	TAMPA, FL 33602		<u> </u>
	(Note: MUST BE STREET ADDRESS)	1AMFA, FL 33002		<u></u>
			3=3 - 1.	_
(b	) Mailing address of limited liability company:	401 CHANNELSIDE DR		1
	(Note: MAY BE POST OFFICE BOX)	TAMPA, FL 33602	五五	
			_ <u>~ √v</u> <b>co</b>	
			10 NE	
09/19/20		L11000107334	<u> </u>	_
3. Da	ate of filing/registration in Florida	1. Document number		
5. (a	<ul> <li>Registered Agent and Registered Office shown on t</li> <li>Registered Agent:</li> </ul>	he records of the Florid	da Dept. of State:	
	Registered Agent.		1 5 12 17 17 18 18 17 1 1 5 27 1 18	_
	Registered Office Address:	401 CHANNELSIDE DR		
		TAMPA, FL 33602		_
				_
(0	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	JAMES SHIMBERG  401 CHANNELSIDE DR	duress:	_
	(MUST BE FLORIDA STREET ADDRESS)			_
		TAMPA	,FL_33602	_
confi and t liabil the m the o	e limited liability company is not organized under the larmed that after the change or changes are made, the Fl he business office of the registered agent will be identified ity company, it is hereby confirmed that the change(s) nembers of the limited liability company or as otherwise perating agreement of the limited liability company.  The property of a member of authorized representative of a member	orida street address of cal. Or, in the case of was/were authorized b	the registered office a Florida limited by an affirmative vote	of
	d or typed name of signee  reby accept the appointment as registered agent and a ply with the provisions of all statutes relative to the pro	ree to act in this capa per and complete perf	icity. I further agree to formance of my duties,	o
	reby accept the appointment as registered agent and a ply with the provisions of all statules relative to the provisions of all statules relative to the provision for any po- point of the provision of this document is being filed to meless. I hereby confirm that the limited liability company	rely reflect a change in the has been notified in w	the registered office writing of this change.	

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