## L1200005049

(Req	uestor's Name)			
(Address)				
(Address)				
(City)	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Bus	iness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



600227002686

04/03/12--01013--011 \*\*25.00

**12 APR -3 PM I: 36** SECRETARY OF STATE ALLAHASSEE, FLORID.

C. LEWIS

APR -4 2012

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations		*	<b>,</b>	,	
	•					
SUBJECT: SHOEBOX MUSIC LLC					<del></del>	
	Name of Lim	ited Liabi	lity Compa	iny		
Dear S	Sir or Madam:					
The e	nclosed Registered Agent/Registered Offic	e Change	and fee(s)	are submitted f	or filing.	
Please return all correspondence concerning this matter to the following:						
	MCWHINNEY, ORVILLE					
	Name of Person				•	
					•	
	C/O MADISON FINANCIAL GROUP, Firm/Company	LLC	_	•		
555 WASHINGTON AVENUE, SUITE 240						
	Address		<del>_</del>		·	
	MIANNESS ACIDEL COMO					
	MIAMI BEACH, FL 33139  City/State and Zip Code					
E-	INFO@ERGOBUSINESS.COM mail address: (to be used for future annual report notific	ation)	<del></del>			
For further information concerning this matter, please call:						
	KIERSTEN LARGE at	( 212	)	495-9411 X1	05	
	Name of Person	\ <u></u>	Area Code & I	Daytime Telephone N		
	STREET/COURIER ADDRESS:	MA	ILING AD	DRESS:		
	Registration Section Division of Corporations	Registration Section				
	Clifton Building	Division of Corporations P.O. Box 6327				
	2661 Executive Center Circle	Tallahassee, Florida 32314				
	Tallahassee, Florida 32301					
Enclosed is a check for the following amount:						
[	✓ \$25 Filing Fee	<b>\$</b> 5	5 Filing Fe	e & Certified C	ору	

INHS18 (5/08)

## 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:	SHOEBOX MUSIC LLC			
2. (a) Principal office address of limited liability compan	y: 555 WASHINGTON AVENUE			
(Note: MUST BE STREET ADDRESS)	SUITE 240 MIAMI BEACH, FL 33139			
(b) Mailing address of limited liability company:	555 WASHINGTON AVENUE			
(Note: MAY BE POST OFFICE BOX)	SUITE 240 MIAMI BEACH, FL 33139			
01/11/2012	L12000005049 7 T			
3. Date of filing/registration in Florida	4. Document number $\frac{1}{4}$ $\frac{1}{4$			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Deprodusta 🖸				
Registered Agent:	SRMG LLC			
Registered Office Address:	5002 T-REX AVENUE			
	SUITE 225 BOCA RATON FL 33431			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: ERGO CONSULTING GROUP, LLC			
NEW Registered Office Address:	555 WASHINGTON AVENUE, STE 240			
(MUST BE FLORIDA STREET ADDRESS)	MIAMI BEACH ,FL33139			
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 vote 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 member or authorized representative of a member				
MCWHINNEY, ORVILLE				
Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this accument is being filed to me address, I hereby confirm that the limited liability companies.  Signature of Registered Agent	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ty has been notified in writing of this change.			

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

INHS18 (05/08)