# L13000060382

(Re	equestor's Name)						
(Ad	ldress)						
(Ad	ldress)						
(City/State/Zip/Phone #)							
(Oil	ry/Otato/Zip/i none	. <del>11</del> )					
PICK-UP	☐ WAIT	MAIL					
(Bu	isiness Entity Nan	ne)					
(Do	cument Number)						
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
ļ							

Office Use Only



800254007248

11/27/13--01004--003 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CEC - 2 2013

T. PAMPIUN

#### **COVER LETTER**

TO:	Registration Section
	Division of Corporation

SUBJECT. Music and Movement, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## Michelle A. Lavelle

Name of Person

#### Music and Movement, LLC

Firm/Company

### 2307 Mahogany Drive

Address

## Boynton Beach, FL 33436

City/State and Zip Code

## mlavelle.1111@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

#### Michelle A. Lavelle

...904

554-0626

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

□ \$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.

	Nar	ne of the limited liability company: Music and Movement,	LLC			
2 (a)		Principal office address of limited liability company:	••••	SE(	2013	•
4. (u)	(Note: MUST BE STREET ADDRESS)	Boynton Beach, FL 33436	<u>&gt;</u> ≳	3		
				P	-	
				G G S	10	
(h) Mailing a	Mailing address of limited liability company:	2307 Mahogany Drive	<u> </u>	1	**************************************	
	<b>\</b> -)	(Note: MAY BE POST OFFICE BOX)	Boynton Beach, FL 33436	: '=	P	FF
				<u></u>		(E/F)
				유로	<u>- 12</u>	
Apr	il 25,	2013	L13000060382	≘#	23	
_			Document number	<del></del>		
5.	(a)	Registered Agent and Registered Office shown on the	he records of the Florida	Dept. of	State:	
		Registered Agent:	Michelie A. Lavelle	<del> </del>	<del></del>	
		Registered Office Address:	9697 Arbor Oaks Lane Apt. 203			
		Registered Office Address.	Boca Raton, FL 33428		······································	<del></del>
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office add	lress:	,	· · · · · · · · · · · · · · · · · · ·
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		NEW Registered Office Address:	2307 Mahogany Drive			
		MUSI BE PLURIDA STREET ADDRESS	Boynton Beach	,FL	33436	·
and lia the	nfirm d the bility me ope	imited liability company is not organized under the land that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise trating agreement of the limited liability company.	orida street address of the cal. Or, in the case of a was/were authorized by	e registere Florida lii an affirm:	ed officed ative v	ote of
Pri	nted o	A. Lavelle or typed name of signee by accept the appointment as registered agent and ag with the provisions of all statutes relative to the pro- tim familiar with and accept the obligations of my pos er 608, F,S. Or, if this document is being filed to mer s, I hereby confirm that the limited liability company	ree to act in this capaci per and complete perfor ition as registered agen	ty. I furth mance of as providers	er agr my du ded for	ee to ties, in

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