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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations					
SUBJECT: PARTY PIANISTS, LLC		····	<u></u>		
Nam	ie of Limited	I Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ice Change a	and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to t	the following:			
Lauren Kairalla					
Name of Person					
Party Pianists, LLC					
Firm/Company			<i>\$</i> .	三路	18
8374 SW 47TH STREET					<u>ا</u>
Address			•	SSE	9
MIAMI, FL 33155			; ;	6, FL 18, 30	P
City/State and Zip Code					P# 3: 1
ryankair@gmail.com				11	
E-mail address: (to be used for future ann	ual report no	otification)			
For further information concerning this matter,	please call:				
Lauren Kairalla	305 at (801-3113			
Name of Person		Area Code & Daytime Telep	hone	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	Q	\$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 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.

1. Na	ame of the limited liability company: PARTY PIA	ANISTS,	LL.	С	
2. (a)	8374 SW 47TH STREET		(b)	8374 S	SW 47TH STREET
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-).		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33155	<u>_</u>	-	MIAMI,	l, FL 33155
	05/07/2013		- I	130000	067102
3.	Date of filing/registration in Florida	 4,	_		Document number
	LEK MANAGEMENT INC.				
5. (a)	Registered Agent and Registered Office shown on the records	of the Flori	da D	ept, of Sta	tale:
	Registered Office Address 9820 SW 60 ST	TADDRES	<u>S.S)</u>		- SECRI
	Miami . I	FL 3317	3		FILE Allassa
(b)	LEK MANAGEMENT INC.			AFY OF ASSEE, F	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office a	ffice address:		3: 17 ORIDA
	NEW Registered Office Address:			<u>.</u>	_
	8374 SW 47TH STREET				<u> </u>
	MIAMI	_{.L} 3315	5		_
the cha agent w was/we	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the reg liability of s of the lin	iste com mite	red offic pany, it i d liabilit	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
<u> </u>		La	ure	n Kaira	
	ure of a member or authorized representative of a member				Printed or typed name of signee
provision the obli to mere	ny accept the appointment as registered agent and a ons of all statutes relative to the proper and complet gations of my position as registered agent as provia ly reflect a change in the registered office address, In writing of this change.	gree to ac te perforn led for in I hereby c	et in nanc Che conf	this cap se of my apter 60, irm that	pacity. I further agree to comply with the v duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed at the limited liability company has been

Signature of Registered Agent