L13000101132

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasmoss Emily Name)
(Document Number)
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COVER LETTER

Registration Section
Division of Corporations

TO:

	··· ,				
SUBJECT:		SHION ONI ie of Limited			
Dear Sir or Madam:					
The analoged Registered A	want/Davietand Off	ao Changa a	ad foo(a) ou	auhunittad fan Eliau	
The enclosed Registered A	igent/Registered Offi	ice Change a	no rec(s) are	stromitted for fitting,	
Please return all correspon	dence concerning thi	is matter to t	ne following	;:	
MICH	AEL G GLEISSN	FR			
7.0	ame of Person				
FASHI	ON ONE MUSIC I	LC			
Fi	rın/Company				
246 WE	ST BROADWAY	84			
	Address				
·	YORK, NY 10013	en mentane			
City/S	State and Zip Code				
mg@mic	haelgleissner.con	า			
E-mail address: (to b	e used for future ann	ual report no	tification)		
For further information co	ncerning this matter,	please call:			
MICHAEL G G	BLEISSNER	at (212	2)	796.4300	
Name of I	Person	\	Area C	ode & Daytime Telephone Number	
STREET/COUR	IER ADDRESS:		MAILING	ADDRESS:	
Registration Section			Registration		
Division of Corpo			_	Corporations	
Clifton Building			P.O. Box 6327		
2661 Executive C	enter Circle	•	Tallahassee,	Florida 32314	
Tallahassee, Flori	da 32301				
Enclosed is a che	ck for the following	amount:			
☑ \$25 Filing Fee			\$55 Filing I	Fec & Certified Copy	
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.

1.	Na	me of the limited liability company:FASHIO	ON ONE MU	SIC LLC			
2.	(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited lie	ability (company:	
246 WEST BROADWAY 246 WES					VAY_	•	
		NEW YORK, NY 10013		NEW YORK, NY 100	13		
		JULY 30, 2013	<u></u>	L13000107132			
3.		Date of filing/registration in Florida	4.	Document number			
5.	(a)	Registered Agent and Registered Office shown on the records of th	e Florida Dept. of	State:			
INCORP SERVICES, INC.							
		Registered Office Address (MUST BE FLORIDA STREET A)					
		17888 67TH COURT NORTH		<u>—</u>			
		LOXAHATCHEE , FL	33470				
					14	SE	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>		NOV 12	FI CRETAR LAHAS		
		MICHAEL G GLEISSNER			PH	SEE. VAO	
		NEW Registered Office Address:			ငှာ	· FS	
		1455 OCEAN DRIVE, UNIT 606			:03	TATE ORIDA	
		MIAMI BEACH, FL	33139				
the age wa	cha entw s/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of table to the properties of a Florida limited liability or the case of a Florida limited liability or the case of the members of the operating agreement of the laws of organization or the operating agreement of the laws.	he registered o pility company, the limited lial	ffice and the business office, it is hereby confirmed that bility company or as others	e of that the c	he registered	
	X	~.\ /\\		MICHAEL G GLEIS		R	
		ure of a member or authorized representative of a member		Printed or typed name of s	_		
pro the to no	ierej ovisi obli mere tifica	by accept the Appointment as registered agent and agree ons of full statutes relative to the proper and complete to gations of my position as registered agent as provided by reflect a change of the registered office address. I had in writing of this change	e to act in this verformance of for in Chapter vereby confirm t	capacity. I further agree to my duties, and I am familio 605, F.S. Or, if this docur hat the limited liability con	o com ar with nent is npany	ply with the h and accept s being filed has been	
Si	gnatu	re of Registered Agent					
		Division of Corporations P.O. B		ahassee, FL 32314			