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(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	:#)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to	Filing Officer:					
,						

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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: GUITAR SO	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
RENAN C NERON Name of Person	JE
GUITAR SOUNDS L	LC_
4151 NW 66th AVE	
CORAL SPRINGS FL 3 City/State and Zip Code	33067 TALLAHAS
RENEZONE @ 6 MAIL . (E-mail address: (to be ased for future annual rep	toプ ー 1
For further information concerning this matter, please	call:
RENAN C NERONE at (954) 773 - 1090 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	nt:
\$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 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:	AR	500	צסמנ	LL	.C
2 (a)	4151 NW 66th AVE	(b)	≲A	ME	AS	″a``
<i>2.</i> (4)	Principal office address of limited liability company:	(4).		Mailing addre		d liability company:
	(Note: MUST BE STREET ADDRESS)			(<u>Note: MA</u>	Y BE PUS	T OFFICE BOX)
	CORAL SPRINGS, FL 33067	_				
		. <u>-</u>		·····		
	011 101 10016			600		69531
3.	Date of filing/registration in Florida	4.	<u> </u>	Document		67331
	0 -	 Viči n				
5. (a)	BARBARA F MARTINE? DA Registered Agent and Registered Office shown on the records of the			te:		
	4151 NW 66th AUE					
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)				
	CORAL SPRINGS	 		_		
	,FL	336	067	_		
<i>a</i> .)	RENAN C NERONA	<i>C</i>				
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	Ψ	ress:		•	
	live and cotto and			至。	20	
	4151 NW 66th AVE				2015 NOV	
	NEW Registered Office Address:			HAS		AT 27 Marie FACOS MARIE
	CORAL SPRINGS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12	
	FI	330	261	四次	Ū	
	,1 D	<u> </u>				
the cha	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the	ne regist	ered offic	ce and the b	usiness of	rnce of the registered
agent v	will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of	ility con	npany, it	is hereby co	onfirmed (that the change(s)
	icles of organization or the operating agreement of the li		ability co	mpany.	_ 1	10.0
Signa	ture of a member of a member		KEN		vped name	t KONE
I here	by accept the appointment as registered agent and agree	e to act i	in this ca	pacity. I fui	rther agre	e to comply with the
provisi the ob	ions of all statlifes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he	erforma for in C	nce of my hapter 60	duties, ånd 5, F.S. Or,	l I am fan if this do	uliar with and accept cument is being filed
to mer notifie	ely reflect a change in the registered office address, I he d in yriting of this change.	ereby co	nfirm tha	t the limited	l liability (company has been
Simot	Juliana Magistrele					
Signatu	ire of Registered Agent					