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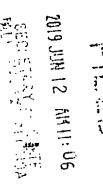
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## , COWER LETTER

Division of Corporations	
Crafted Audio, LLC SUBJECT:	
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Joseph White	
Name of Person	<del></del>
Crafted Audio, LLC	
Firm/Company	
8100 Chancellor Dr. Suite 150	
Address	
Orlando, FL 32809	
City/State and Zip Code	<del></del>
joseph@craftedav.com	
E-mail address: (to be used for future annu	ial report notification)
For further information concerning this matter, I	please call:
Joseph White	321 750-4708
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 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.

I. Na	me of the limited liability company: Crafted Audio	, LLC				
2. (a)	7616 Southland Blvd	_ (b)	(b) 7616 Southland Blvd			
2. (d)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	٨	Mailing address of limited liability com (Note: MAY BE POST OFFICE BO)		
	Suite 104		Suite 10	04		
	Orlando, FL 32809	_	Orlando,	o, FL 32809		
	07/24/2015		L150001:	127876		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	White, Joseph					
(a)	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of State	ate:		
	7616 Southland Blvd					
	Registered Office Address (MUST BE FLORIDA STREET)	<u> 4DDRESS)</u>		_		
	Suite 104					
	Orlando	32809		2019 JUN 12 SECONDADA TACAMANA	П	
(b)	White, Joseph				ĽĮ	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	- MII:06		
	8100 Chancellor Dr			÷ 6		
	NEW Registered Office Address:			<del>-</del>		
	Suite 150			_		
	Orlando .FL	32809				
the cha agent was/we the arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by amatfirmative vote of the members of organization or the operating agreement of the member of a member of authorized representative of a member	the regist ability con of the limi limited li	ered office npany, it is ted liability	ce and the business office of the r is hereby confirmed that the char ity company or as otherwise prov mpany.	egistered ige(s)	
I herel provisi the obl to mero notified	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have been accompanied to the change of the change.	periorma	nce of my a	pacity. I further agree to comply duties, and I am familiar with a	rd accept	