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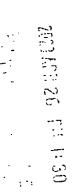
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WA	IT MAIL						
(Business Entity Name)							
(Document Number)							
Certified Copies Certi	ficates of Status						
Special Instructions to Filing Officer:							

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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations						
CHDIECT	Crafted Audio, LLC						
SUBJECT:	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered	d Office Change a	nd fee(s) are submitted for filing.				
Please return	all correspondence concerni	ng this matter to th	ne following:				
Cynthia Davi	es		•				
	Name of Person						
Cindy's Florid	da LLC						
	Firm/Company						
8051 N. Tam	iami Trail STE E6						
	Address						
Sarasota, Flor	rida, 34243						
	City/State and Zip Co	ode					
	dpeaklaw.com						
E-mail	address: (to be used for futur	e annual report no	tification)				
For further in	nformation concerning this m	atter, please call:					
Cynthia Davi	es	727 at (300-0042				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Divi P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	losed is a check for the follo	wing amount:					
= \$2	25 Filing Fee	٥	\$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: Crafted Audio, LI	LC				
2. (a)	8051 N. Tamiami Trail STE E6		(b)	8051 N. T	amiami Trail STE E6	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limite (Note: MAY BE POS	
	Sarasota, Florida, 34243	_		Sarasota, F	Florida, 34243	
		_				
	07/24/2015	_	į.	.150001278		
3.	Date of filing/registration in Florida WHITE, JOSEPH	4.			Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 8051 N. Tamiami Trail STE E6				 c:	
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESSi</u>				2023 2023
	Sarasota , FL	34243	}		: -	17 17 28 64
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Cindy's Florida LLC					
	NEW Registered Office Address:				_	
	8051 N. Tamiami Trail STE E6				_	
	Sarasota	34243	3		_	
change agent was/w	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ability of the l	erec con imit	l office and npany, it is sed liability	d the business office s hereby confirmed by company or as oth	e of the registered that the change(s)
	hia Davies	<u>C</u>	yntł	nia Davies,		
•	ature of a member or authorized representative of a member				Printed or typed name	-
provis the ob- to mer notifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I do in writing of this change.	ree to c perfor d for ii hereby	act i mar n Cr con	n this cape ice of my o iapter 605 ifirm that i	acity. I further agreduties, and I am fan 5, F.S. Or, if this do the limited liability	re to comply with the niliar with and accept cument is being filed company has been
	hia Davies					
Wiguan	ire of Registered Agent					