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





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TO:

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Registration Section

Division of Corporations Artillery Music, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Josias G De La Cruz Name of Person Artillery Music, LLC Firm/Company 1100 brickell bay dr, 33M Address Miami, FL 33131 City/State and Zip Code artillerymusicllc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 939) 223-1973 Sebastian Muniz at (Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$55 Filing Fee & Certified Copy **☑** \$25 Filing Fee

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. Name of the limited liability company:	Artillery Music, LLC					
2 (a) 1100 brickell bay dr , 33m Mia	ami FL33131	(b)	1100 brickell bay dr	, 33m Miami 33131		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
3/10/2016		L16000050482				
3. Date of filing/registration in	i Florida	4.	Document nu	mber		
5. (a) Josias G De La Cruz						
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
1100 brickell bay dr , 33m				7019 DEC		
Miami	, FL	33131		26		
(b) Raul Enrique Estremera Diaz				PH 4: 02		
Enter name of NEW Registered Agent and/or NEW Registered Office address:						
1100 brickell bay dr , 33m						
NEW Registered Office Address:		_				
Miami	,FI					
If the limited liability company is not organichange or changes are made, the Florida stragent will be identical. Or, in the case of a lawas/were authorized by an affirmative vote the articles of organization or the operating	eet address of the Florida limited lia of the members o	registered bility con f the limit	I office and the business npany, it is hereby confined liability company or	office of the registered rmed that the change(s)		
Signature of a member or authorized representative of a member			Josias G De La Cruz Printed or typed name of signee			
Menature of a memoer of authorized topicsendance	or a monitor		rimed or Gpe	a mane of ingree		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, ES. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent