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Division of Corporations Fax Number : (850)617-6383

## From:

Account Name: REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

> \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE THE PIANOMAN ACADEMY, LLC

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## 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

Florida.  1. Name of the limited liability company: THE	PIANOMAN ACADEMY, LLC
2. (a) 17 LEE STREET	(b) 17 LEE STREET
Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	\"\"
COCOA, FL 32926	COCOA, FL 32926
07/22/2016	L16000137877
3. Date of filing/registration in Florida	4. Document number
5. (a) UNITED STATES CORPORATION AG	GENTS, INC.
Registered Agent and Registered Office shown on the rec	ords of the Florida Dept. of State:
13302 WINDING OAK COURT	
Registered Office Address (MUST BE FLORIDA ST	
SUITE A	22 22 20
ТАМРА	
(h) Registered Agents Inc.	-9
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	gistered Office address:
7901 4th St N	<del></del>
NEW Registered Office Address:	
STE 300	
St. Petersburg	. FL_33702
the change or changes are made, the Florida street add agent will be identical. Or, in the case of a Florida lin	the laws of the State of Florida, it is hereby confirmed that after ress of the registered office and the business office of the registered ited liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in of the limited liability company.  Riley Park

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, F.S. 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.

Printed or typed name of signee

Bill Havre - Assistant Secretary

Signature of a member or authorized representative of a member

Signature of Registered Agent