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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: 1 Marcka My	SiC Productions me of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	Tice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning the	his matter to the following:				
Varvis Simmons. Name of Person					
Ullineka Music Produ	uctions				
2139 Likepointe Dr. Address					
Plantation, FL, 33322 City/State and Zip Code					
E-mail address: (to be used for future an					
For further information concerning this matter	r. please call:				
Juryis Simmons Name of Person	at (454) 648 - 7336 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 Filling Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					

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	ime of the limited liability company:	ika M	usic	Production	<u>, (</u>
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u>-L 33337</u> (b)	<u> </u>	Mailing address o	. Plantation, FL, 33322 flimited liability company: E POST OFFICE BON
3. 5. (a)	Date of filing/registration in Florida United States Corporation Agen Registered Agent and Registered Office shown on the records of the Court Tark Registered Office Address CMUST BE FLORIDA STREET	A INC. of the Florida D	ept, of Sta		84 mber
(b)	Enter name of NEW Registered Agent and/or NEW Registered 8138 Lake pointe Dr. Fluitation NEW Registered Office Address:	ed Office addr	css.	_	1
	F			-	: F: 23
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registe liability com s of the limite	red offic ipany, it ed liabili bility con	e and the busing is hereby confinity company or a npany.	ess office of the registered rmed that the change(s) as otherwise provided in
Siona	hire of a member or authorized representative of a member		1) (Printed or typed	name of cinno
I herei provisi the obl to mere notified	by accept the appointment as registered agent and a ons of all statutes relative to the proper and completigations of my position as registered agent as provided by reflect a change in the registered office address. I'm writing afthis change.	gree to act in te performan led for in Ch I hereby con	n this cap we of my apter 60 firm that	acity I further	r agree to comply with the

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