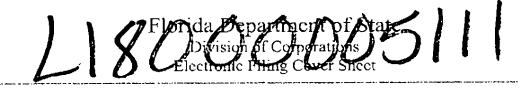
From Account Bookkeeping 1.321.888.4914 Fri Sep 14 11:14:41 2018 EDT Page 1 of 5 Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : 120120000055

Phone : (407)898-1757 Fax Number : (407)897-5336

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

| Email | Address: |
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Help

From Account Bookkeeping 1.321.888.4914 Fri Sep 14 11:14:41 2018 EDT Page 2 of 5

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COVER LETTER

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| SUBJECT: | RADAR M | USIC LLC | | |
| SUBJECT. | | Name of Lim | ited Liability Company | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | MARIANA SOUZA | | |
| | | | Name of Person | |
| | | ACCOUNT BOOKKEEP | ING CORP | |
| | | | Fiлп/Cотрапу | , , , , , , , , , , , , , , , , , , , |
| | | 5301 CONROY RD STE | 140 | |
| | | · | Address | · |
| | | ORLANDO, FL 32811 | | |
| | | | City/State and Zip Code | |
| | | CUSTOMER@ABKCORP | | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For further is | nformation c | oncerning this matter, please or | all: | |
| MARIANA | SOUZA | | 407 898-1757 at () | |
| | Name o | f Person | | Telephone Number |
| Enclosed is a | echeck for th | re following amount: | | |
| \$25.00 } | iling Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3 H18000268553 B

From Account Bookkeeping 1.321.888.4914 Fri Sep 14 11:14:41 2018 EDT Page 4 of 5 HIXWA68555 If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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