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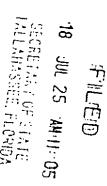
(Requestor's Name)				
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	CARLOS ANDREZ MUSIC LLC				
	Name of Lim	ited Lia	bility Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office Chan	ge and f	ee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:					
	Carlos Andres Alvarez				
	Name of Person		_		
	CARLOS ANDREZ MUSIC LLC				
	Firm/Company		_		
	22490 CYPRESS WOOD LANE		_		
	Address		_		
BOCA RATON, FLORIDA 33428					
	City/State and Zip Code				
	carlosalvarezmba@hotmail.com				
E	mail address: (to be used for future annual repor	t notific	ation)		
For further information concerning this matter, please call:					
	Carlos Andres Alvarez	561	350 - 7072)		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MA	ILING ADDRESS:		
	Registration Section		stration Section		
	Division of Corporations		sion of Corporations		
	Clifton Building		Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	Talla	ahassee, Florida 32314		
Enclosed is a check for the following amount:					
	☑ \$25 Filing 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. N	ame of the limited liability company: CARLOS AN		
2. (a)	5550 W ATLANTIC AVE	(h	5550 W ATLANTIC AVE
<i></i> (<i>-</i>)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(°	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#211 DELRAY BEACH,		#211 DELRAY BEACH,
	FLORIDA 33484	-	FLORIDA 33484
	07/03/2018		L18000161437
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	MOHAMED ALMASRI		
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State:
	5550 W ATLANTIC AVE		
	Registered Office Address (MUST BE FLORIDA STREET) #211	<u>ADDRESS</u>	<u>)</u>
	DELRAY BEACH , FL	3348	84
(b)	CARLOS ANDRES ALVAREZ		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	dress:
	22490 CYPRESS WOOD LANE		18 SECF TALL
	NEW Registered Office Address:	·	
	BOCA RATON	2242	De Portonia de la Companya de la Co
	,FL	3342	
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of 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	the regisability coof the limited li	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
Signa	sture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	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 ely reflect a change in the registered office address, I do in writing of this change.	ee to act performa d for in C hereby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Signan	ire of Registered Agent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00