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2019 DEC -2 AHTT: 51

R. WHITE
JAN 11 2020

COVER LETTER

TO: Registration Section Division of Corporations	•			
SUBJECT: Send in Name	the Music LLC confinited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
Patricia A. Clark Name of Person				
Send in the Music Firm/Company	,LLC			
114 Shirley Ave.				
Sanfard FL 3. City/State and Zip Code	<u> </u>			
paclarke me.com				
E-mail address: (to be used for future annu	al report notification)			
For further information concerning this matter, p	please call:			
Patricia A. Clark Name of Person	at (407) 461-9977 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 Filing Fee	\$55 Filing Fee & Certified Copy			

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 10/14	и.			
1. N	ame of the limited liability company:Send_	in the	Music, LLC	<u></u>
2. (a)	Sherx Chapman	(b)	Sherel C	Lannon
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	flimited liability company: E POST OFFICE BOX)
	III Shirle Age.		_ III Shir	-len Are
	Sanford FL 32771		III Shir	FL 32771
	,		,	
3.	9-14-2018 Date of filing/registration in Florida	_{4.}	83-191367 Document nu	
				illoci
3. (a)	Shery/ L. Chapmar Registered Agent and Registered Office shown on the records			
	MATT Shirley The	Sherry	1 Chapman	
	Registered Office Address (MUST BE FLORIDA STREE	<u>T ADDRESS)</u> [, ,	
	111 Shidey Ave			2019
	Sanford.	FI	7_7/	
(b)	Patricia A. Clark			2
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addre	: <u>ss</u> :	至 3
	114 Shirley Ave Patrice	ia A. C	lack	二 5
	NEW Registered Office Address:			
	114 Shirley Are.			
	Sanford	i. <i>32</i>	77/	
If the l	imited liability company is not organized under the l			her annetium of these after
the cha	ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited	of the registe	red office and the busin	ess office of the registered
was/w	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	s of the limite	d liability company or a	is otherwise provided in
	tricia d. Clark ture of a member or authorized representative of a member		Fricia A, Cla	ent
			• •	•
provis the ob	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address, din writing of the change	gree to act in le performan led for in Chi	inis capacity. I further ce of my duties, and Lar apter 605, F.S. Or. if th	agree to comply with the namiliar with and accept is document is being filed.
to mer	ely reflect a change in the registered office address,	I hěreby conj	firm that the limited liab	vility company has been

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

Signature of Registered Agent