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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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COVER LETTER

Division of Corporations		
SUBJECT: Seminole Mus Name of Limited	C School I Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Michael May Name of Person		
Seminole Music Scho	01	
10894 Walsingham Rd.		
Largo, Florida, 33778 City/State and Zip Code		
Mike @ Seminole Music, Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Michael May at (72 Name of Person	7) 223-3()88 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	

Registration Section

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BC LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the Florida.
1. Name of the limited liability company: Seminole Music School
2. (a) 1920 Seminole Bludg Largo, (b) 1894 Walsinghan Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE E
F1, 33718 Largo, FL, 33779
10/2/19 L18000257924 3. Date of filing/registration in Florida 4. Document number
5. (a) Refract Agent and Registered Office shown on the records of the Florida Dept. of State:
11920 Seminole Bluch Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Largo FL 33778
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
(argo, FL 33778
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that a the change or changes are made, the Florida street address of the registered office and the business office of the reg agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provide the articles of organization or the operating agreement of the limited liability company.
Signature of a member or authorized representative of a member Rebeca Cavv Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has be notified in writing of this change.
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314