119000 210 55

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| /A J.J> | | | | |
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO:

Registration Section

| Division of Corporations | | | | | |
|--|---|--------------------------------------|--|--|--|
| 4EVER MUSIC LLC | 4EVER MUSIC LLC | | | | |
| SUBJECT: Name of I | Name of Limited Liability Company | | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agent/Registered Office Cl | hange and f | ee(s) are submitted for filing. | | | |
| Please return all correspondence concerning this mat | tter to the fo | ollowing: | | | |
| JAMAR WEST | | | | | |
| Name of Person | | _ | | | |
| 4EVERMUSIC LLC | | | | | |
| Firm/Company | | _ | | | |
| 618 E. SOUTH STREET SUITE 500 | | | | | |
| Address | | | | | |
| ORLANDO, FLORIDA 32801 | | | | | |
| City/State and Zip Code | | _ | | | |
| 4EVERMUSICLLCINQUIRIES@GMAIL.CO | M | | | | |
| E-mail address: (to be used for future annual re | port notific | zation) | | | |
| For further information concerning this matter, pleas | e call; | | | | |
| JAMAR WEST | 407 | 490 -0977 | | | |
| Name of Person | | 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 2 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 BO' 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. Na | ame of the limited liability company: | JSIC LLC | _ |
|--|--|--|--|
| 2. (a) | 1070 MONTGOMERY RD | (b) | |
| · () | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability con: (Note: MAY BE POST OFFICE B) |
| | ALTOMONTE SPRINGS FL 32714 | | · · · · · · · · · · · · · · · · · · · |
| | 07-05-2019 | L1900 | 0210553 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | JAMAR WEST | | |
| | Registered Agent and Registered Office shown on the record 1070 MONTGOMERY RD | ds of the Florida Dept. of | State: |
| | Registered Office Address (MUST BE FLORIDA STRE | EET ADDRESS) | , , |
| | ORLANDO | , FL 32714 | SECRET ST |
| 71.3 | JAMAR WEST | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Regist | tered Office address: | |
| | 618 E. SOUTH STREET | | |
| | NEW Registered Office Address: | | |
| | Suite: 500 | | ~~~ |
| | ORLANDO | , _{FL} 32801 | |
| he cha gent v vas/we he arti | imited liability company is not organized under the right or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the members of organization or the operating agreement of | e laws of the State of ss of the registered of ed liability company, ers of the limited liab the limited liability | fice and the business office of the re it is hereby confirmed that the chang ility company or as otherwise provide |
| l herel rovisi he obli o mere | aure of a member or authorized representative of a member by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as prov ly reflect a change in the registered office addres. | daree to act in this a | anacity. I further agree to comply w |
| | I'm writing of this change. I | | |
| Signatur | re of Registered Agent | | |