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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M & M Artist Development Group LLC
Name of Limited 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:

Dean Moy
Name of Person

SBAD Properties LLC
Firm/Company

3618 Santaren Ct
Address

Naples, FL 34119

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah McGinnisat (817) 360-8509

Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

□ \$25 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. 1	Jame of the limited liability company:W →	Artist	- Develop	nent	Group L	110
2. (a	0/10/6/100-01		618 Sa		٠.	
`	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address	of limited li		' :
	Naples FL 34119	,	Japles			176
	3111		Mapies	<u> </u>		∕—¥—4
		_	·			
3.	Date of filing/registration in Florida	. <u>——</u>	Document n	umher		
	1/10 (1)	h				
5. (a	Registered Agent and Registered Office shown on the records of the					
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>		,	、	
	FL				E P	
(b	Dran Mov			رن د	Contonia	
,	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		SEE.		
	3618 Santaren Ct				بر 5	
	NEW Registered Office Address:			1.1	~	
	Naples, FL 34119) 				
	, FL_					
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the re- will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the 1	registered offic bility company f the limited lia	e and the busines , it is hereby conf bility company o	s office of irmed that	the registered the change(s) }
	11/1 7/1		Printed or type	MCG.	innis	
	adure of a member or authorized representative of a member		* * * * * * * * * * * * * * * * * * *		e	•1
provi the of to me	eby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p bligations of my position as registered agent as provided rely reflect a change in the registered office address, I he ed in writing of this change.	e to act in this performance of for in Chapter ereby confirm (capacity. I further my duties, and I (605, F.S. Or, if that the limited lid	a ugree to am familia this docum thility com	r with and ac ent is being f pany has bee	me cept filed m

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

Signature of Registered Agent