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(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Document Number)					
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Office Use Only

COVER LETTER

TO: **Registration Section Division of Corporations**

Apex MUSIC Group LLC Name of Limited Liability Company SUBJECT:

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:

Apy Music Group Firm/Company

2700 Cheval St Hpt 107 Address

Orlando, EL, 32826 City/State and Zip Code

E-mail address: (16 be used for future annual report notification)

For further information concerning this matter, please call:

Gabrie/Richardsat (781)914-2487Name of PersonArea 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:

X \$25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2024

GABRIEL PICHARDO APEX MUSIC GROUP L.L.C. 2700 CHEVAL STREET APT 107 ORLANDO, FL 32828

OCT 22 22 /

SUBJECT: APEX MUSIC GROUP L.L.C. Ref. Number: L20000091252

We have received your document for APEX MUSIC GROUP L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT Regulatory Specialist III

Letter Number: 624A00021098

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.

I. Na	me of the limited liability company:	sic Gi	up LLC	<u></u>
2. (a)	2700 (heral Street	(b)	1	
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	/_	•	ddress of limited liability company: MAY BE POST OFFICE BOX
	107 # 107		Apt 10	1
	Orlando, 81 328.28		Orlando	1 EL, 32828
	03/21/2620		L20000	091252
3.	Date of filing/registration in Florida	4.	Docum	ent number
5. (a)	United States Corporation Ag	ents		
	Registered Agent and Registered Office shown on the records of the	ne Florida Do	pt. of State:	
	916 Riverside Ave			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		- 3
	Jackonsuille			TĂĽ
	, FL,	322	12	DCT 2
(b)	Breunna Stebbins			FILED 2024 OCT 22 PM 1: 26 TALLAHASSEE, FLORIDA
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office addre	<u>\$\$</u> :	
	2700 Chesal St Hpt.	107		: 26 Daliu
	NEW Registered Office Address:			
	Orlando			
	, FL_	328	28	
change agent w was/we the arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the r vill be identical. Or, in the case of a Florida limited liab ere autoorized by an aftermative vote of the members of clessor organization of the operating agreement of the li	registered o bility comp the limite imited liab	office and the bu bany, it is hereby d liability company. ility company.	siness office of the registered confirmed that the change(s) any or as otherwise provided in
-	ure of a member or authorized representative of a member			or typed name of signee
Therel provisi	by accept the appointment as registered agent and agre	e to act in performanc	this capacity. 1 e of my duties h	parther agree to comply with the ord I am familiar with and accept

Thereby accept the appointment as registered agent and agree to act in this capacity. Thirther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to more the effect a change in the registered office address. Thereby confirm that the limited liability company has been notified inwriting of this charge.

Registered Agen

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