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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	re)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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2020 JUL -I AM 6: 43
SECRETARY OF STATE

D. BRUCE AUG 17 2020

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Zeng/endou Gang Music Group LCC 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:	
Kenelson todond Name of Person  Zenglender Gray Musil Grouf UC  Firm/Company	
5/9 50th St. Unit B west Julin Beach	
West Palm Beach fl- 33407 City/State and Zip Code	ETALLAR
Kene Son Edmond & 9mon / Com E-mail address: (to be used for future annual report notification)	L-I AM 6: ARASSEC.

For further information concerning this matter, please call:

Renel Son Edmon J. at (561) 788-6286

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

\$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.

		19 504 5	t. Unit
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  West falm Beach Fl. 3340)- West	(Note: MAY	of limited liability company: <u>BE POST OFFICE BON</u> Beach fc 3
	May 27th Zow Date of filing/registration in Florida  4.	2500 07	0 143 5 19 umber
. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of	State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
			2020 J SECR TAL
(b)		<u> </u>	UL -1 AF
	519 50 th St. Unit B NEW Registered Office Address:		AM 6: 43 OF S VATE SEE, FL
	West Palm Beach FL-3346	2	

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Kenelon Edmon a 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 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 merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

enebon Edomin Signature of Registered Agent