10/23/2023 12:43:32 PDT 10/23/23, 3:40 PM

To: 18506176383

Page: 1/2

From: Registered Agents Inc

Fax: 8134365206

Division of Corporations

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Account Number : IZ0090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE LATE NIGHTS MUSIC GROUP LLC

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OCT 24 2023

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF BOTH FOR LIMITED LIABILITY COMPANY

To: 18506176383

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. Na	me of the limited liability company:	E NIGHTS MU	JSIC GROUP LLI	c 			
2. (a)			(þ)				
	Principal office address of limited liability (Note: MUST BE STREET ADDR)	company:		Mailing address of limite	Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)		
	09/29/21		L21000	9427437			
3.	Date of filing/registration in Flor	rida	4. ———	Document number			
5. (a)	ZULUETA, KEVIN J						
2. (ar	Registered Agent and Registered Office shown on						
	255 SW 56TH AVE APT 205A						
	Registered Office Address IMUST BE FLORI	DA STREET :	(DDRESS)	 			
	MARGATE	FI	33068	<u></u>			
	Registered Agents Inc	, , ,		·			
(b)	Enter name of NEW Registered Agent and/or NE	W Registered	Office address		9803 2033		
	the state of the s				 		
	7901 4th St N				i N		
	NEW Registered Office Address:				<u> </u>	•	
	STE 300				<i>7™</i> : =:		
					άö		
	St. Petersburg	, FL	33702		22		
the cha agent ' was/w the art	imited liability company is not organized unge or changes are made, the Florida street will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the icles of organization or the operating agreed	et address of da limited lid e members o ement of the	the registered (ability company of the limited lia	office and the business oy, it is hereby confirmed ability company or as other the company or as other the company.	ffice of the that the cha	registered inge(s)	
Sieni	Purha and Jero Cay ture of a member or authbrized representative of a r	nember		Printed or typed name	of signee		
I here provis the ob to mer	hy accept the appointment as registered a ions of all statutes relative to the proper a ligations of my position as registered agen ely reflect a change in the registered office of in writing of this change.	over and our	ree to act in thi. performance o d for in Chapte hereby confirm	s canacity. I further agre	ee to compl	y with the and accep eing filea as been	
NO S							