Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000139023 3)))



H230001390233ABCX

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	

## LLC REGISTERED AGENT CHANGE OLD VIOLIN MUSIC HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

M. SOLOMON APR 17 2023

Electronic Filing Menu

Corporate Filing Menu

Help

## 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.

· ) _	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	(b)		Mailing address of limited lia (Note: MAY BE POST O	
(	05/18/2022	<u>L</u>	2200	0232781	
	Date of filing/registration in Florida	4.		Document number	
Ι.	INC AUTHORITY RA			_	
F	Registered Agent and Registered Office shown on the reco		Dept. of Stat	¢.	
	390 NORTH ORANGE AVE., STE 2300-N			-	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
					<u>دع</u> رين دع
		• • • • • • • • • • • • • • • • • • • •		<u>.</u>	
	ORLANDO	<sub>FL</sub> 32801		<u>.</u>	APR AHA
I	Registered Agents Inc			-	APR 13 AP NETARY OF AHASSET 1
I			'ess:	<u>-</u> -	APR 13 AM 11: NETARY OF STA AHASSET FLOO
<u> </u>	Registered Agents Inc		ress:	<del>-</del> -	2023 APR 13 AM 11: 15 DECRETARY OF STATE TALL ARASSET FLORID:
<u> </u>	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Regis		ess:	<u>-</u> -	APR 13 AM II: 15 RETARY OF STATE ARASSEFLELORIBE
<u> </u>	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u> 7901 4th St N		ess:	- - -	APR 13 AM II: 15 RETARY OF STATE ARASSEFLELORIE:

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

Printed or typed name of signee

notified in writing of this change. David Roberts - Assistant Secretary

Signature of a member or authorized representative of a member

Signature of Registered Agent