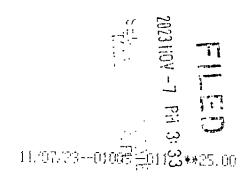
123000)92806

(Requestor's Name)
	
(Address)
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	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Salih Mama
(Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions to f	Filing Officer:

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A. BUTLER NOV - 7 2023

COVER LETTER

	ion of Corporations D. MAMEDOV MUSIC LLC			
SUBJECT: Name of Limited Liability Company				
Dear Sir or M	ladam:			
he enclosed	Registered Agent/Registered Office Cha	ange and fo	ee(s) are submitted for filing.	
lease return	all correspondence concerning this matt	er to the fo	llowing:	
	ALBINA IALALOVA			
	Name of Person			
	LLOVE ACCOUNTING LLC			
	Firm/Company		_	
	1445 DOLGNER PL, STE 25			
	Address		<u>-</u> .	
	SANFORD, FL 32771			
	City/State and Zip Code		_	
	albinaialalova@gmail.com		_	
	address: (to be used for future annual rep		ation)	
or further in	formation concerning this matter, please	: call:		
	ALBINA IALALOVA at (407	473-1323 _)	
	Name of Person		Area Code & Daytime Telephone Numbe	
<u>Mail</u>	ing Address:		Street Address:	
Registration Section			Registration Section	
	sion of Corporations		Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Talla	thassee, FL 32314		2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303	
Encle	osed is a check for the following amou	nt:	•	
\$ 2	5 Filing Fee	S55 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. Na	ame of the limited liability company: D. MAMEDON	V MUSIC LLC	
2 (a)		(b)	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5728 143rd Ct E. Bradenton, FL 34211	144	5 Dolgner Pl. Ste 25, Sanford, FL 32771
	02/21/2023		L23000092806
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
o. ()	Registered Agent and Registered Office shown on the records DMITRII MAMEDOV	of the Florida Dept	. of State:
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	KISSIMMEE	34746	
(b)	Enter name of NEW Registered Agent and/or NEW Register I LOVE ACCOUNTING LLC	red Office address	1 :
	NEW Registered Office Address:		
	1445 DOLGNER PL., STE 25		
	SANFORD	FL	
change agent was/w the art Signa I here provis. the obtion mer	dimited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the appointment as registered agent and a closs of all statutes relative to the proper and completing ligations of my position as registered agent as provided in writing of this change.	he registered of liability compass of the limited he limited liability DMITRII	fice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. MAMEDOV (AMBR) Printed or typed name of signee also capacity. I further agree to comply with the

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