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(Requestor's Name)										
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PICK-UP WAIT MAIL										
(Business Entity Name)										
(Document Number)										
Certified Copies Certificates of Status										
Special Instructions to Filing Officer:										





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COVER LETTER

TO:	Registration Section Division of Corporations				
SUB.	MPTRV.MUSIC LLC JECT:				
	Name of	Limited	Liability Company		
Dear	Sir or Madam:				
The e	enclosed Registered Agent/Registered Office C	hange an	d fee(s) are submitted for filing.		
Pleas	e return all correspondence concerning this ma	itter to the	e following:		
	ALBINA IALALOVA				
	Name of Person		<u></u>		
	1 Love Accounting LLC			2023	
•	Firm/Company		-) DEC	
	1445 Dolgner Pl, Ste 25		-	27	
	Address				
	Sanford, FL 32771			2023 DEC 27 EH 10: 50	
	City/State and Zip Code				
	albinaialalova@gmail.com				
	E-mail address: (to be used for future annual r	eport not	ification)		
For f	urther information concerning this matter, plea	se call:			
	ALBINA IALALOVA)		
	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		
	Division of Corporations MPTRV.MUSIC LLC Name of Limited Liability Company r Sir or Madam: enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: ALBINA IALALOVA Name of Person I Love Accounting LLC Firm/Company 1-445 Dolgner Pl, Ste 25 Address Sanford, FL 32771 City/State and Zip Code albinaialalova@gmail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: ALBINA IALALOVA At (407) Name of Person Area Code & Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				
	■ \$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.

1.	Na	me of the limited liability company: MPTRV.MUSIC	LLC					
2. ((h)				
۷٠ (α,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited li (Note: MAY BE POST C		
		5728 143rd Ct E, Bradenton, FL 34211			1445 Dolgi	er Pl. Ste 25, Sanford, FL 32771		
		<i>03/31/</i> 2023		_	L23000171	256		
3.		Date of filing/registration in Florida	4.			Document number		
5. (a)	(a)	Registered Agent and Registered Office shown on the records o MIKHAIL PETROV	:: 	2023 E	* \$			
		Registered Office Address 2887 SWEETSPIRE CIR	: - :.	2023 DEC 27	3 ° 3 ° 3 ° 3 ° 3 ° 3 ° 3 ° 3 ° 3 ° 3 °			
		KISSIMMEE , F	L				M 10: 50	e :
(b)	Enter name of NEW Registered Agent and/or NEW Registered I Love Accounting LLC NEW Registered Office Address: 1445 Dolgner Pl, Ste 25	ed Office	add	ress:	-	0	
		Sanford , F	L32771					
char ager was	nge nt v /we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability of the li	erec con imi	l office and ipany, it is led liability	I the business office of thereby confirmed that y company or as othery	the registed the the change	ered (e(s)
		Hot	<u>M</u>	IKI	HAIL PETR	OV (AMBR)	•	
I he pro- the to n noti	erei visi obl iere fied	ture of a member or authorized representative of a member by accept the appointment as registered agent and agent on a solution of all statutes relative to the proper and complete in the proper and complete in the registered agent as provided typelley to change in the registered office address, I writing after change.	gree to a e perfori ed for in hereby	ict i mai i Cl coi	n this cape nce of my c napter 605 nfirm that t	Printed or typed name of s acity. I further agree to duties, and I am familio F.S. Or, if this docum he limited liability con	a canınlu v	vith the l accept ng filed been
Sign	HILL	rc of Registered Agent	D (1			EV 2024		

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