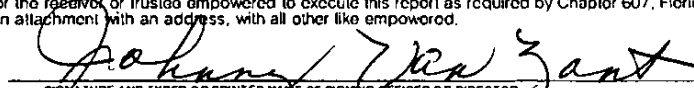


01-30-2007 90011 010 ***150.00

DOCUMENT # L53111 1. Entity Name L & K MUSIC, INC.				Secretary of State 01-30-2007 90011 010 ***150.00			
Principal Place of Business C/O KELLY, DAPHNE 4619 PLYMOUTH ST. JACKSONVILLE FL 32205		Mailing Address C/O KELLY, DAPHNE 4619 PLYMOUTH ST. JACKSONVILLE FL 32205					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1st MOORE CR2E034 (10/08)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3012458			
City & State		City & State		Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KELLY, DAPHNE 4619 PLYMOUTH ST. JACKSONVILLE FL 32205				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when terminating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D ZANT, JOHNNY VAN	692 O'HARA RD	MIDDLEBURG FL				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				Date		Daytime Phone #	