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All That Music and More Fes	tival, LLC	· · · · · · · · · · · · · · · · · · ·	<u>.</u>
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() Limited Partnership	() Annual Report	() <sub>s</sub> Other	
() LLC	() Name Registration	Change of RA	
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() Call When Ready	() Call If Problem	() After 430 = 8 H	
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Updater			
Verifier			

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

W.P. Verifier

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Amount: \$

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limit	ed liability comp	oany is: All That Mus	sic and More Festival,	LLC		
2. The mailing address of	of the limited liab	pility company is:				
2000 West Loop South, Suite						
		<u> </u>			·	
November 29, 2000			M00000002430			
3. Date of filing/registration in Florida			4. Document num	ıber		
5. The name of the regist Florida Department of	ered agent and th'State:	ne registered office	address as shown o	n the records of	the	
	Corporation Serv	ice Company				
		Name		-		
	1201 Hays Street					
		Address				
Tallahassee, FL 32301-2525						
		City, State and Zi	p			
6. The name and address	of the new regist	tered agent and/or o	ffice:	7	OLDEC 19 AM	
	C T Corporation S	System		=		
		Name		S	3 5	
1200 South Pine Island Road				7		
	Florida street	address (P.O. Box I	NOT acceptable)		် က	
	Plantation	FL 33324		<b>1</b>	21	
		City, State and Zip		4	7 11 Ox	
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited that the limited that the limited liability conconfirmed that the limited that the limited that the limited liability conconfirmed that the limited liability confirmed that after the confirmed tha	hange or changes the registered as reby confirmed t ed liability compa of the limited liab	s are made, the Flor gent will be identica hat the change(s) w any or as otherwise bility company.	ida street address o	of the registered of a Florida limi	office ted	
Kirk Hood, Secretary (Printed or typed name of signee)	)		-			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm C T Corporation System  (Signature of Registered Agent)	intment as regist is of all statutes id accept the obli this document is i that the limited	relative to the proper igations of my posit being filed to mere liability company h KIRK HOOD ASSISTANT SE	er and complete pe ion as registered a ly reflect a change as been notified in CRETARY	rformance of m gent as provided in the registered writing of this d	agree to v duties, 1 for in 1 office change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314						

FL015- 9/27/99 C T System Online

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