

110000000866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**L. SELLERS**

JUN 15 2011

**EXAMINER**

Office Use Only



100208701911

06/13/11--01009--002 \*\*75.00

**FILED**

11 JUN 13 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**NRAI  
CORPORATE  
SERVICES**  
An NRAI Solutions Company

June 8, 2011

Division of Corporations  
Florida Department of State  
Clifton Building  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Scratch DJ Academy LLC  
Scratch Events, LLC  
Scratch Music Group, LLC

Dear Filing Officer:

Please file the attached change of agent forms for the referenced companies. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

  
Victor Alfano  
Vice President

Encl.

**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. Name of the limited liability company: Scratch DJ Academy LLC

2. (a) Principal office address of limited liability company: 36 Cooper Square, 2nd Floor

**(Note: MUST BE STREET ADDRESS)**

New York, NY 10003

(b) Mailing address of limited liability company: 36 Cooper Square, 2nd Floor

**(Note: MAY BE POST OFFICE BOX)**

New York, NY 10003

02/24/2010

3. Date of filing/registration in Florida

M10000000866

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Jamie Keogh

Registered Office Address:

2 NE 40th Street, Suite 304  
Miami, FL 33137

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

NRAI Services, Inc.

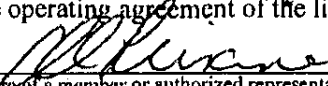
**NEW** Registered Office Address:

515 East Park Avenue

**(MUST BE FLORIDA STREET ADDRESS)**

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Rob Principe, Manager

Printed or typed name of signer

*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 608, 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 notified in writing of this change.*

by:

  
Signature of Registered Agent

Victor Alfano, Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**

**FILED**  
**JUN 13 PM 4:05**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL 32301**