

CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

085982

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 6-11-99

500002901565--3
-06/11/99--01026--008
*****35.00 *****35.00

REF. #: 0150.7134

CORP. NAME: The Coconut Grove Recording
Company, Inc. *PA*
Change

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> CERT. OF AUTHORITY | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: <u>Change of Agent</u> | | |

STATE FEES PREPAID WITH CHECK# 5146 FOR \$ 35.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

☐ CERTIFIED COPY

☐ CERTIFICATE OF STATUS
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

☒ PLAIN STAMPED COPY

Examiner's Initials

DR
6/11/99

RECEIVED
99 JUN 11 AM 10:04

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA 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 corporation is: THE COCONUT GROVE RECORDING COMPANY, INC.
2. The mailing address of the corporation is: 949 LINCOLN ROAD, SUITE 308
MIAMI BEACH, FL 33139
3. Date of incorporation/qualification: JUNE 17, 1988 Document number: M85982
4. The name and address of the current registered agent and office:

CHRIS CAMPBELL

8040 S.W. 132ND STREET
MIAMI, FLORIDA 33156

5. The name and address of the new registered agent and office: (P. O. Box) Not Acceptable

CHRIS CAMPBELL

940 LINCOLN ROAD, SUITE 308
MIAMI BEACH, FL 33139

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

(Date)

CHRIS CAMPBELL, PRESIDENT

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

(Signature of Registered Agent)

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If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** * * FILING FEE: \$35.00 * * ***