M98 00000 1073

(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:					





100404963321

05.27/LI - 01011 | 015 | 4+LE.01



COVER LETTER

TO: Registration Section Division of Corporations		
Muzak, LLC SUBJECT:		
	me of Limite	d Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	Tice Change a	and fee(s) are submitted for filing.
Please return all correspondence concerning th	his matter to t	he following:
Keyona Hopkins		
Name of Person	<u> </u>	
Agile Legał		
Firm/Company	•	
651 N. Broad St. Ste 308		:
Address		
Middletown, DE 19701		
City/State and Zip Code		
Compliance@agilelegal.com		ı
E-mail address: (to be used for future and	nual report no	otification)
For further information concerning this matter	r, please call:	
Keyona Hopkins	302- at (376-6710
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
Enclosed is a check for the following	g amount:	
■ \$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	ame of the limited liability company:	_			
2. (a)	2100 S. III 35 Frontage Rd., Suite 200		(b)	2100 S. I	III 35 Frontage Rd., Suite 200
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Austin, TX 78704		, ,	Austin, T	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) X 78704
					
	09-22-1998			M98	000001073
3.5. (a)	Date of filing/registration in Florida CORPORATE CREATIONS NETWORK, INC.	4.			Document number
. (u)	Registered Agent and Registered Office shown on the records of 801 US HIGHWAY 1	the Flo	rida 1	Pept, of Sta	ate:
	Registered Office Address (MUST BE FLORIDA STREET	_			
	NORTH PALM BEACH FI	33408 L	3		_ _
(b)	Universal Registered Agents, Inc.	_			_
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				
	1317 California Street				
	NEW Registered Office Address:				r ,
	Tallahassee , Fi	32304	;		_
change agent v was/we the arti	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	e regist ability of the l	ered com imit	office a pany, it ed liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	Keyona Hopkins ture of a member or authorized representative of a member		·		Keyona Hopkins
I here provisi the obl to mero notified	hy accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I I in writing of this change.	ree to c perfor ed for it hereby	ict ir man n Ch con	i this cap ce of my apter 60 firm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	Keyona Hopkins re opkejistered Agent				