

P070000016004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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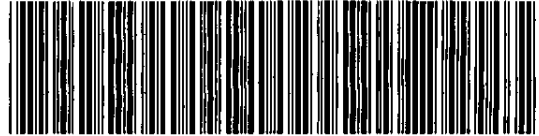
(Business Entity Name)

(Document Number)

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FILED  
09 DEC -3 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts DEC 10 4 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2009

JAMES QUINLAN  
BELA MUSICA, INC.  
2064 PRAIRE AVE  
MIAMI BEACH, FL 33139

SUBJECT: BELA MUSICA, INC.  
Ref. Number: P07000016004

We have received your document for BELA MUSICA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 209A00034605

RECEIVED  
2009 DEC 13 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Corrected and re-sent 11/23/09.*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BELA MUSICA INC  
Name of Corporation

**DOCUMENT NUMBER:** P07000016 004

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES QUINLAN  
Name of Contact Person

BELA MUSICA, INC.  
Firm/Company

2064 PRAIRIE AVE  
Address

MIAMI BEACH FL 33139  
City/State and Zip Code

JQCC@EARTHLINK.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES QUINLAN at (706) 393-4764  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BE LA MUSICA, INC.
2. The principal office address: 2064 PRAIRIE AVE  
MIAMI BEACH, FL. 33139
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/5/07 Document number: PO7000016004
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JAMES QUINLAN

1395 BRICKELL AVE #881, MIAMI FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JAMES QUINLAN

2064 PRAIRIE AVE

P.O. Box NOT acceptable

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, or the corporation has been notified in writing of the change.

[Signature]  
Signature of officer or director

JAMES QUINLAN  
Printed or typed name and title

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

JAMES QUINLAN  
Date

If signing on behalf of an entity:

[Signature]  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)