PO700092441

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

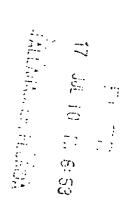
Office Use Only



400301111124

07/10/17--01016--024 **85.00

JUL 13 2017 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Less Than Jake Records, INC

Name of Corporation

DOCUMENT NUMBER P07000092441

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:

Joseph L. Susi, C.P.A.

Name of Contact Person

Joseph L. Susi, C.P.A.

Firm/Company

726 NW 8th Ave Suite B

Address

Gainesville, Fl 32601

City/State and Zip Code

joe@yourgainesvillecpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rogerio Lima Manganelli

₁352 \284-(

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

CR2E045 (03/12)

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

	provisions of sections 607.05 ange is submitted for a corpo	•	·	•	
=	er to change its registered off				
1. The name of	the corporation: Less Tha	an Jake Rec	ords, INC		
2. The principa	office address: 726 NW 8	8th Ave Suite	В		
	ille, FL 32601	 			
3. The mailing	address (if different):				
4. Date of inco	rporation/qualification: 8/17	//2007	Document number: PC)7000092441	
5. The name an	nd street address of the current current of State: (If resigned,	registered agent	und registered office on	file with the	
	Northwest Register	ed Agent, LL	C		
	3030 N. Rocky Poir	nt Dr. STE 1	50 A		
	Tampa, FI 33607		·		
6. The name an (if changed):	d street address of the new re	gistered agent (if	changed) and /or register	red office	
	Joseph Susi, C.P.A	•			
	726 NW 8th Ave. S	uite B			
	0 :	P.O. Box NOT accepts	ble	&	
	Gainesville FI 3260	<u> </u>		및 :	
The street addr as changed wil	ess of its registered office an I be identical.	d the street addre	ss of the business office	of its registered agent,	
Such change wanthorized by	as authorized by resolution d he board, or the corporation l	uly adopted by its has been notified	board of directors or bin writing of the change	oy an officer so	
Rogerio Manganelli- Secretary Printed or typed name and title					
I hereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment as registere to comply with the provision my duties, and I am familiar is, document is being filed me that the corporation has been mature of Registered Agent	s of all statutes re with and accept	e to act in this capacity lative to the proper and the obligation of my po). d complete sition as registered	
	chalf of an entity:				
Jose (yped or Printed Name				
	TOWARD INTERPRETATION				

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