

P100000026243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

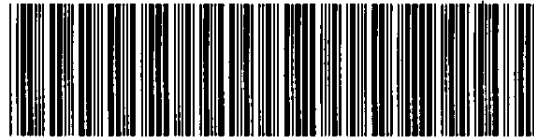
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 30 PM 3:40

R.A.

AUG 31 2012

T. BROWN

**Theresa Therilus, Esq.**  
**2655 Le Jeune Road, SUITE 500**  
**Coral Gables, FL 33134**  
**Tel (305) 785-38156 Fax 1(866)866-8023**  
**Email: tgtmiami@aol.com**

August 29, 2012

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Sirs:

Enclosed please find Change of Registered Agent Forms along with the associated fees for the following companies:

1. Bryan Pata Foundation Inc.
2. Financial 51 Organization Inc
3. Music Medics, Inc.
4. TGT Sports & Marketing LLC
5. Tumble Creek Press, Inc.

Thank you for your time and attention.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Theresa Therilus', written in black ink.

Theresa Therilus

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Music Medics, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P10000026243

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:

Theresa Therilus  
Name of Contact Person

2655 Le Jeune Rd Suite 500  
Firm/Company  
Address

Coral Gables FL 33134  
City/State and Zip Code

tg@miami@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Therilus at (305) 785-8156  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MUSIC MEDICS, INC.
2. The principal office address: 2424 PHILD ST, SUITE L  
WEST PALM BEACH, FL 33409
3. The mailing address (if different): PO BOX 3724  
WEST PALM BEACH, FL 33402
4. Date of incorporation/qualification: 3/24/2010 Document number: P10000026243
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)

THERESA THERIUS  
2655 LE JEUNE RD, SUITE 310  
CORAL GABLES, FL 33134

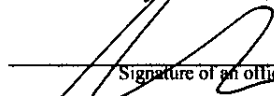
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

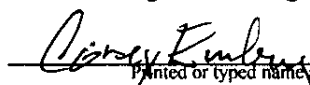
CLAUDINE PIKE  
2655 LE JEUNE RD, SUITE 500 (c/o THERIUS)  
CORAL GABLES, FL 33134

P.O. Box NOT acceptable

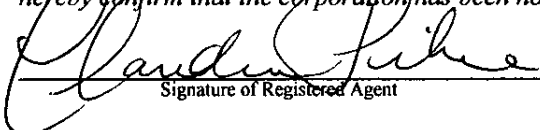
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

  
\_\_\_\_\_  
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 of Registered Agent

7/27/12  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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