## PILIDUMARIA

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R. WHITE

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SURI	LIQUID DJ'S, INC
SUDU	Name of Corporation
DO CI	P14000097820
	JMENT NUMBER:
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	SHANNON POWELL
	Name of Contact Person
	LIQUID DJ'S INC
	Firm/Company
	12652 NE 14TH AVE
	Address
	NORTH MIAMI FLORIDA 33161
	City/State and Zip Code
	GREGORYILLUMENE@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
SHA	NNON POWELL 305 799-3616
	Name of Contact Person Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle
	Tallahassee FL 32301

BOTH FOR CORPORATIONS		
statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	LIQUID DJ'S, INC	
2. The principal	12625 NE 14TH AVE NORTH MIAMI FL 33161 I office address:	
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: Document number:	
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned) SHANNON POWELL	
	78 NW 95TH STREET	
	MIAMI SHORES FL 33150	
6. The name and (if changed):	ad street address of the new registered agent (if changed) and /or registered office	
	SHANNON POWELL	
	12625 NE 14TH AVE	
	P.O. Box NOT acceptable NORTH MIAMI FL 33161	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change wa authorized by the	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Signatu	ure of an officer or director Printed or typed name and title	
I further agree performance of agent. Or. if th	of the appointment as registered agent and agree to act in this capacity.  It to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered in the registered office address, I have the corporation has been notified in writing of this change.	
	gnature of Registered Agent Pate	
_	chalf of an entity:	
7	Typed or Printed Name	

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

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