10/18/2017

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:			

REGISTERED AGENT CHANGE TOWB MUSIC, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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C MCNAIR

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

statement of c	hange is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Statutes, ion organized under the laws of the State of <u>Floric</u>		
in ore	der to change its registered office	or registered agent, or both, in the State of Florida.		
1. The name o	of the corporation: TOWB MUSIC	, INC		
	al office address: 320 N MAGNOL D. FL 32801	IA AVE, A-3		
3. The mailing				
4. Date of inco	orporation/qualification: 07/21/20	17 Document number: P17000062078		
	and street address of the current repartment of State: (If resigned, ento	gistered agent and registered office on file with the er resigned)		
	SIM, CHANKU			
	4424 LOWER PARK RD, 1	216		
	ORLANDO, FL 32814			
6. The name a (if changed)		tered agent (if changed) and /or registered office	2017 OCT 19	
	Registered Agents In	C.		
	3030 N. Rocky Point Dr. STE 150A			
) Box NOT acceptable	ယ္	
	Tampa FL 33607			
The street add as changed wi	tress of its registered office and the identical.	he street address of the business office of its registe	red agent,	
Such change vauthorized by	was authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	υ	
	4	Chanku Sim, CEO		
I hereby accej I further agre- performance (e to comply with the provisions o of my duties, and I am familiar w	Printed 6 Typed name and little agent and agree to act in this capacity, if all statutes relative to the proper and complete ith and accept the obligation of my position as regi- ly to reflect a change in the registered office addres iotified in writing of this change.	stered (s, 1	
Bull	adoration .	10/ 18/ 2017		
<u></u>	Signature of Registered Agent	Date		
If signing on t	behalf of an entity:			
Bill Havre		_		
	Typed or Printed Name * * * FII	ANG FEE: \$35,00 * * *		
	• • • • •			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEF, FL 32314
CR2E045 (03/12)