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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*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 JONATHAN ROTEM MUSIC, INC.

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

OCT 1 4 2021

A. LUNT

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

		0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida		
	-	gistered agent, or both, in the State of Florida.		
1. The name of	the corporation: Jonathan Ro	tem Music, Inc.		
		VE, UNIT 4200, SUNNY ISLES BEACH, Florid	da 33	160
· · · · · · · · · · · · · · · · · · ·				
3. The mailing	address (if different): 801 S. Figue	roa St, Suite 1000, Los Angeles, Californi	a 900	)17
4. Date of incor	poration/qualification: 07/08/20	Document number: P21000063141		
5. The name an		ed agent and registered office on file with the		
	CAPITOL CORPORATE SER	VICES, INC.	2021	;; · · · ;
	515 EAST PARK AVENUE, 2	2 ND FLOOR	<b>2021</b> OCT   3	O NOIS
	TALLAHASSE, FL 30096			F 003
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered office	AH 10: 1	HAISION OF CORPORATION
	eResidentAgent, Inc.		7	ď.
	801 US Highway I			
		NOT acceptable		
	North Palm Beach, FL 33408			
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of its registered ag	ent,	
Such change wa authorized by th	as authorized by resolution duly adop ne board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.		
- Cinnelli		Jonathan Rotem		
I hereby accept I further agree i performance of agent. Or, if th	the appointment as registered agent the appointment as registered agent to comply with the provisions of all si my duties, and I am familiar with and is document is being filed merely to r that the corporation has been notified	tatutes relative to the proper and complete d accept the obligation of my position as registered effect a change in the registered office address. I		
G				
Sig	nature of Registered Agent	Date	_	
If signing on be	half of an entity:			
Erîka A. Easte	r			
T	ped or Printed Name			

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