## 99700035123

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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2018 DEC TO AMILLE TO

C. GOLDEN DEC 1 1 2018

## **COVER LETTER**

	Amendment Section Division of Corporations				
SUBJEC	CT: UL AUDIO, INC.				
	Name of Corporation				
DOCUM	1ENT NUMBER: P97000035123				
	osed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
	MELANIE LABON				
	Name of Contact Person				
UL AUDIO, INC.					
Firm/Company					
3419 WD JUDGE DR SUITE 150					
Address					
ORLANDO, FL 32808					
City/State and Zip Code					
MELANIELABON@ULTIMATEAUTO.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
MEL	ANIE LABON at (321 ) 689-3377  Area Code & Daytime Telephone Number				
	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  Street Address:  Amendment Section				
	Division of Corporations Division of Corporations				

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314



November 29, 2018

MELANIE LABON 3419 W.D. JUDGE DRIVE SUITE 150 ORLANDO, FL 32808

SUBJECT: UL AUDIO, INC. Ref. Number: P97000035123

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 118A00024396

Claretha Golden Regulatory Specialist II

BILL SEE TATE



November 2, 2018

MELANIE LABON 3419 W.D. JUDGE DRIVE SUITE 150 ORLANDO, FL 32808

SUBJECT: UL AUDIO, INC. Ref. Number: P97000035123

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

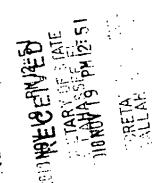
A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 518A00022654

Claretha Golden Regulatory Specialist II



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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Flor organized under the laws of the State registered agent, or both, in the State	of FLORIDA
The name of t     The principal	the corporation: UL AUDIO, IN office address: 3419 W.D. JU	C. DGE DR. SUITE 150 ORLA	ANDO, FL 32808
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 9/29/200	5 Document number: P9	7000035123
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on fi	le with the
	MELANIE LABON		
	1010 WEST COLONIAL	DR.	
	ORLANDO, FL 32804		2018
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registere	01 030 BIG
	MELANIE LABON		SSEC. FI
	3419 W.D. JUDGE DR. S	SUITE 150	
	ORLANDO, FL 32808	ox NOT acceptable	<u> </u>
The street addre	ss of its registered office and the s	street address of the business office	of its registered agent.
	7 /	opted by its board of directors or by en notified in writing of the change.	
Sh	K/5	MELANIE LABON	
I hereby accept I further agree i performance of	to comply with the provisions of all my duties, and I am familiar with	Printed or typed name a ent and agree to act in this capacity. It statutes relative to the proper and and accept the obligation of my pos o reflect a change in the registered fied in writing of this change.	complete ition as registered
	A Comment of the Comm	12/06/2018	
Ţ.	nature of Kegistered Agent	Date	
	half of an entity:		
MELANIE L	ABON  rped 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 \* \* \*