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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MUSIC TECH STUDIOS, INC.

Name of Corporation

DOCUMENT NUMBER: P990

P99000096123

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:

Carlos J. Reyes, Esq.

Name of Contact Person

Reyes Law Group, P.A.

Firm/Company

150 S. Pine Island Road, Suite 210

Address

Plantation, FL 33324

City/State and Zip Code

carlos@reyeslegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos J. Reyes, Esq.

.954 \ 369-199

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

	•	2, 617,0502, 607,1508, or 617,1508, Flor tion organized under the laws of the State		
		e or registered agent, or both, in the State	e of Florida.	
	the corporation; MUSIC TE			_
	office address: 18251 Pine e Pines, FL 33029	es Blvd.		_
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 11/01	/1999 Document number: P9	9000096123	_
	d street address of the current re rtment of State: (If resigned, en	egistered agent and registered office on fi ter resigned)	le with the	
	MCDONALD, STEPHEN J 315 SE 7TH STREET, SUITE 30 FORT LAUDERDALE, FL 33301		2910 AUG 20 2910 AUG 20 2910 AUG 20	ī
6. The name and (if changed):	d street address of the new regis	stered agent (if changed) and /or registere	No 20 And I	り
	150 S. Pine Island Ro	oad, Suite 210		
	Plantation, FL 33324	O Box NOT acceptable		
The street address changed will	ess of its registered office and be identical.	the street address of the business office	of its registered agent,	
	as authorized by resolution dul he hoard, or the corporation ha	y adopted by its board of directors or by s been notified in writing of the change. And Mogles Printed or typed name a		
l further agree performance of agent. Or, if th	to comply with the provisions of my duties, and I am familiar w is document is being filed mero	l agent and agree to act in this capacity, of all statutes relative to the proper and with and accept the obligation of my posely to reflect a change in the registered motified in writing of this change.	ition as registered	
	nature of Recistered Agent	08/14/2018		
-	chalf of an entity:	izate		
T	yped or Printed Name	<u></u>		

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

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