

S80476

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SECRETARY OF STATE  
TALLAHASSEE, FL



Alex M. Becker  
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October 24, 2024

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: EVIL EYE MUSIC, INC. -- Document No. S80676  
Statement of Change of Registered Office/Agent

Dear Sir or Madam:

This firm represents Evil Eye Music, Inc. Enclosed for filing is a Statement of Change of Registered Office/Agent, along with our firm check in the amount of \$35.00 for the filing fee.

Please return an acknowledgement of this filing, or a filed-stamped copy, directly to me by mail or email. I have enclosed a duplicate copy of the Statement of Change of Registered Office/Agent form and return envelope for your convenience.

Please contact me if you have any questions or need additional information.

Thank you for your assistance.

Best Regards,

STAFFORD ROSENBAUM LLP

Alex M. Becker  
Certified Paralegal, SBWCP  
AMB/lsh  
Enclosures

Cc: Attorney Johanna J. Allex (via email: [JAllex@staffordlaw.com](mailto:JAllex@staffordlaw.com))  
Matthew Silverstein (via email: [mattsilverstein@gmail.com](mailto:mattsilverstein@gmail.com))  
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Madison Office

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EVIL EYE MUSIC, INC.  
Name of Corporation

**DOCUMENT NUMBER:** S80676

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:

Johanna J. Alex

Name of Contact Person

Stafford Rosenbaum LLP

Firm/Company

222 W. Washington Ave. Ste. 900

Address

Madison, WI 53703

City/State and Zip Code

abecker@staffordlaw.com

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

For further information concerning this matter, please call:

Johanna Alex

Name of Contact Person

at ( 608 ) 259-2664

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

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EVIL EYE MUSIC, INC.
2. The principal office address: 618 WILLIAM STREET, KEY WEST, FL 33040
3. The mailing address (if different): P.O. BOX 5324, MADISON, WI 53705
4. Date of incorporation/qualification: 09/17/1991 Document number: S80676
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

P.O. Box NOT acceptable

PLANTATION, FL 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Matthew D Silverstein

Signature of an officer or director

MATTHEW D. SILVERSTEIN, VICE PRESIDENT

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Devin Randolph

Signature of Registered Agent

10/21/2024

Date

If signing on behalf of an entity:

Devin Randolph, Assistant Secretary

Typed or Printed Name

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

**MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE**

**MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**

CR2E045 (04/13)

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