

F 06000004385

Landmark Event Staffing
(Requestor's Name)

4131 HarborWalk Dr
(Address)

(Address)

Ft Collins Co. 80525
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

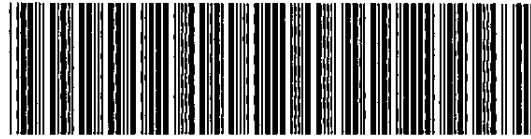
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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R/Aling

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LANDMARK EVENT STAFFING SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: F06000004385

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:

MICHAEL HARRISON
Name of Contact Person
LANDMARK EVENT STAFFING SERVICES, INC.
Firm/Company
4790 IRVINE BLVD., STE. 105-323
Address
IRVINE, CA 92620
City/State and Zip Code
MIKEH@LANDMARKEVENTSTAFF.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL HARRISON at (714) 293-4248
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

RECEIVED

12 NOV 13 AM 8:55

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2012

MICHAEL HARRISON
LANDMARK EVENT STAFFING SERVICES INC.
4790 IRVINE BLVD. STE 105-323
IRVINE, CA 92620 US

SUBJECT: LANDMARK EVENT STAFFING SERVICES, INC.
Ref. Number: F06000004385

We have received your document for LANDMARK EVENT STAFFING SERVICES, INC. and your check(s) totaling \$10.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The filing fee to change the registered agent of a corporation is \$35.00. Therefore, an additional filing fee of \$25.00 is required.

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) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 912A00027543



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2012

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4790 IRVINE BLVD. STE 105-323
IRVINE, CA 92620 US

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Rebekah White
Regulatory Specialist

Letter Number: 912A00027543

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12 NOV 30 AM 11:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LANDMARK EVENT STAFFING SERVICES, INC.

2. The principal office address: 4131 HARBOR WALK DRIVE, FT. COLLINS, CO 80525

3. The mailing address (if different): 4790 IRVINE BLVD., STE. 105-323, IRVINE, CA 92620

4. Date of incorporation/qualification: JUNE 19, 2006 Document number: F06000004385

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)

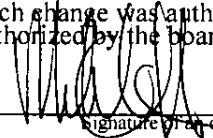
TIM LUTZ
1910 GULF VIEW DRIVE
HOLIDAY, FL 34691

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

(SAME AGENT--TIM LUTZ)
1351 WILLOW BROOK DRIVE
P.O. Box NOT acceptable
PALM HARBOR, FL 34683

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

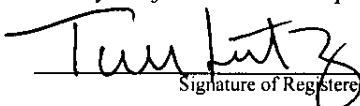
Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

MICHAEL HARRISON, CEO
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.



Signature of Registered Agent

11-8-12

Date

If signing on behalf of an entity:

TIM LUTZ

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA