

L15000055502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

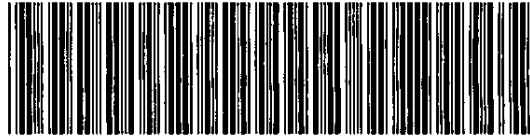
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
2015 APR 23 AM 10:18

R. A. Rolch 8
@ 4.24.15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPLASH EVENTS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNIFER BUCHANAN
Name of Person

SPLASH EVENTS
Firm/Company

1117 NE 17TH AVE # REAR
Address

FORT LAUDERDALE, FL 33304
City/State and Zip Code

JENNIFER@SPLASHEVENTSFTLAUD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNIFER BUCHANAN at (954) 778-9177
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

I PAID \$35



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2015

JENNIFER BUCHANAN
SPLASH EVENTS, LLC
1117 NE 17TH AVE #REAR
FORT LAUDERDALE, FL 33304

SUBJECT: SPLASH EVENTS, LLC
Ref. Number: L15000055502

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

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 415A00007090

RECEIVED

15 APR 23 PM 12: 01

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

*you owe my \$10.00
AND THIS IS
REDICULOUS!!!*

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: SPLASH EVENTS

2. (a) 1117 NE 17TH AVE #REAR (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

FORT LAUDERDALE FL, 33304 _____

3. 3/30/2015 Date of filing/registration in Florida 4. L15000055502 Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING-OAK COURT # A
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33612

(b) JENNIFER BUCHANAN
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1117 NE 17TH AVE # REAR.
NEW Registered Office Address:

FORT LAUD, FL 33304

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jennifer Buchanan Signature of a member or authorized representative of a member JENNIFER J. BUCHANAN Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jennifer Buchanan Signature of Registered Agent

2015 APR 23 AM 10:18
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS