ida Departmentor State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:______

LLC REGISTERED AGENT CHANGE EVENT INTERNATIONAL HOLDING, LLC

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Help

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.

		(b)			
Principal office address of limited liabi (Note: MUST BE STREET AD		_		Mailing addres	ss of limited liabil Y BE POST OFF	ity compan
09/03/18		_	L1800	00210219		
Date of filing/registration in I	Florida	4.		Document	number	
CT CORPORATION SYSTEM						
Registered Agent and Registered Office shown	on the records of	the Flori	da Dept. of l	State:		
1200 S PINE ISLAND RD						
Registered Office Address (MUST BE FLO	ORIDA STREET.	ADDRE	<u>(S)</u>		¹ , ₹	22
4706						<u> </u>
PLANTATION	, FI	3332	4			ეც 25 წ
Northwest Registered	l Agent l	LC			in the second se	- TE
Enter name of NEW Registered Agent and/or	NEW Registered	Office a	ddress:		(* 6) (2) 기계((*)	1: 07
7901 4th St N					2 3	07
NEW Registered Office Address:						
STE 300						
St. Petersburg		3370				

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.

Morgan Pollen	Morgan Noble
Signature of a member or authorized representative of a member	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 abolited in writing of this change.

notified in writing of this change.

Clove of Glover - Assistant Secretary

Signature of Registered Agent