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Division of Corporations



Division of Corporations Electronic Filing Cover Sheet

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(((H170000720603)))



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To:

Division of Corporations

Fax Number : (

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:

REGISTERED AGENT CHANGE PDS - SPECIAL EVENTS, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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1:03 10 2011

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

rursuant 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: PDS - Special Events, Inc.
2. The principal office address: 2459 S. CONGRESS AVENUE, STE 204
PALM SPRINGS, FL 33406-7616
3. The mailing address (if different): 2459 S. CONGRESS AVENUE, STE 204
PALM SPRINGS, FL 33406-7616
4. Date of incorporation/qualification: 1/31/2014 Document number: P14000009616
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)
Weisfeld, Joshua
2459 S. CONGRESS AVENUE, STE 204
PALM SPRINGS, FL 33406-7616
PALM SPRINGS, FL 33406-7616 6. The name and street address of the new registered agent (If changed) and /or registered office (if changed): NRAI Services, Inc.
1200 South Pine Island Rd
PO. Box NOT scoophable
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.
Signature of an officer or director Signature of an officer or director Printed or typed name and trille
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.
Doughe Karan Fry c/sung 3/15/17 Signature of Registerioù Agent 4557 500 Dute
If signing on behalf of an entity:
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, TAILAHASSEE, FL 32314 CR2E045 (03/12)