Requestel's Name 319 Blach Blad. So Address City/State/Zip Phone #	Conference who	000005523 -05/29/02- ****100.00	3 090 7 -01015015
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S),	(if known):	
1. <u>(Corporation Name)</u>	PA (Document #)	Johns	NJ4
2			
(Corporation Name)	(Document #)		
3.			
(Corporation Name)	(Document #)	<u> </u>	
4			
(Corporation Name)	(Document #)	ASS	02
Walk in Pick up time		Certified Copy	
			28
☐ Mail out ☐ Will wait	☐ Photocopy	Certificate of St	
NEW FILINGS	AMENDMENTS	FLORII	M 8: 59
-		RID FINDER	59
Profit Not for Profit	Amendment Resignation of	R.A., Officer/Director	
Limited Liability	Change of Reg	gistered Agent	
☐ Domestication	Dissolution/W	ithdrawal	
Other	☐ Merger		
OTHER FILINGS	REGISTRATION	//QUALIFICATION	
Annual Report	☐ Foreign		
☐ Fictitious Name	Limited Partne		
	Reinstatement Trademark	-	
	Other		
		Examiner's Initia	als

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or both, in the State of Florida.
1. The name of the limited liability company is: MPRWTED SPATSWEAR CONFERENCE & EXPO, LA
2. The mailing address of the limited liability company is: 3119 BEACH 3UD, 5007H
GULFPORT, FL 33707
4/2z/2002 3. Date of filing/registration in Florida Loz 0000 9525 4. Document number
4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
TRADESHOWLOGISTICS
Name Name Address
Address
GULFPORT, FL 33707 City, State and Zip Zig R
6. The name and address of the new registered agent and/or office:
VERNE PACKER
Name To Part 1
BILLY BEACH BLVD. SOUTH ES &
Florida street address (P.O. Box NOT acceptable)
GULFPORT, FL 33707
City, State and Zip
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.
(Signature of a member or authorized representative of a member)
Verne Packer
(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 608, 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.
(Signature of Registered Agent)

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

INHS18(10/99)

FILING FEE: \$25.00