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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)796-7274

\*\*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 **EVENT 360, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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## **COVER LETTER**

TO: Attendment Section Division of Corporations				
SUBJECT: Event 360, Inc.  Name of Corporation				
DOCUMENT NUMBER: F05000002653				
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:				
Mary Castillo				
Registered Agent Solutions, Inc.				
1701 Directors Blvd., Suite 300				
Austin, TX 78744				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Mary Castillo  Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number				
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

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

itatement of cha	provisions of sections 607.0502, 617.0 nge is submitted for a corporation on r to change its registered office or reg	ganized under the la	ws of the State of	Colorado
2. The principal	he corporation: Event 360, In office address: 55 E. JACKS GO, IL 60604		TE 1010	
3. The mailing a	ddress (if different):			
I. Date of incorp	poration/qualification: 5/3/2005	Document	number: F050	000002653
	street address of the current registered tment of State: (If resigned, enter resining NRAI SERVICES,	gned)	ed office on file v	vith the
	1200 SOUTH PINE ISLAND F	ROAD		19 Mil
	PLANTATION	FL	33324	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Registered Agent Solutions, Inc.				
	155 Office Plaza Di		<del>\</del>	ි. -
	Tallahassee P.O. Box 1	FL 323(	01	-
The street addre is changed will	ss of its registered office and the stre be identical.	eet address of the bu	isiness office of i	its registered agent,
Such change wa outhorized by th	s authorized by resolution duly adop e board, or the corporation has been	oted by its board of one notified in writing of	directors or by an of the change.	officer so
151 Irina C	e of an officer or director	Irina Gelf	and	General Counsel
hereby accept further agree t	the appointment as registered agent o comply with the provisions of all s my duties, and I am familiar with an s document is being filed merely to r that the corporation has been notifie	and agree to act in tatutes relative to th	this capacity. se proper and co	mnlete
Hocke	and of Repatered Agent	10/01/20	19 Date	<del>******</del> -
•	nalf of an entity:			
Mackenzie H	art - Assistant Secretary			

Typed or Printed Name