Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380 , ...

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 Phone : (888)705-7274 Fax Number : (888)706-7274 -

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

Email Address:\_

REGISTERED AGENT, CHANGE SPECIAL EVENT SERVICE & RENTAL, INC.

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

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Electronic Filing Menu Corporate Filing Menu

Help

/31/17 09:37AM PDT Registered Agent Solutions, inc. -> Florida SOS 176383 Pg 3/4



## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SPECIAL EVENT SERVICE & RENTAL, INC.

Name of Corporation

DOCUMENT NUMBER: F07000001487

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:

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address :

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGOT MULLIN

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

statement of cha	nge is submitted for a corpora	2, 617,0502, 607,1508, or 617,1508, Fl ition organized under the laws of the St e or registered agent, or both, in the Sto	ate of TENNESSEE	
1. The name of t	he corporation: SPECIAL E	EVENT SERVICE & RENTAL,	INC.	
2. The principal	office address: 5747 STAG	SE ROAD		
BARTLET	T <sub>1</sub>	N 38134		
3. The mailing a	ddress (if different):			
			·	
4. Date of incorp	oration/qualification: 03/16	Document number: F	07000001487	
5. The name and	street address of the current r tment of State: (If resigned, er	egistered agent and registered office on	file with the	
	CT CORPORATION S	SYSTEM		
	1200 SOUTH PINE ISLA PLANTATION, FL 3332		2017. SECI	
6. The name and street address of the new registered agent (if changed) and /or registered of SSE (if changed):				
	Registered Agent So	lutions, Inc.		
	155 Office Plaza Dr.,			
	Tallahassee, FL 3230			
		the street address of the business office		
Such change wa authorized by the	as authorized by resolution du ne board, or the corporation h	ily adopted by its board of directors or as been notified in writing of the chan	by an officer so ge.	
		STEVE MCGHEE		
I hereby accept I further agree performance of	to comply with the provisions "my duties, and I am familiar is document is being filed me	ed agent and agree to act in this capacts of all statutes relative to the proper a with and accept the obligation of my perceiv to reflect a change in the registers in notified in writing of this change.  07/31/2017	ity. nd complete position as registered	
Siţ	match of Registered Agent	Date 1		
If signing on be	short of an entity:			
Justine Karı	nell - Assistant Secret	ary		
7	yped or Printed Name	11 INC FFF: \$35 00 * * *	•	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)