Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

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

1111

REGISTERED AGENT RESIGNATION THE EVENT IN ORLANDO INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

| SUBJECT: THE EVENT IN ORLANDO INC. (Name of Corporation) | ···· |
|--|-----------------------------|
| DOCUMENT NUMBER: F1200000406 | |
| The enclosed Resignation of Registered Agent for a Corporation and f | ee are submitted for filing |
| Please return all correspondence concerning this matter to the following | |
| Wendy Hefley | |
| (Name of Person) | |
| Incorp Services, Inc. | |
| (Name of Firm/Company) | |
| 2360 Corporate Circle, Suite 400 | |
| (Address) | |
| Henderson, NV 89074 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Wendy Hefley for Incorp Services, Inc. (Name of Person) (Area Code & Daytime | 500 ext. 6601 |
| (Name of Person) (Area Code & Daytime | : Telephone Number) |

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, | | |
|--|----------|--|
| Florida Statutes, the undersigned, Incorp Services, Inc. | | |
| (Manie of Registered Agent) | | |
| hereby resigns as Registered Agent for THE EVENT IN ORLANDO INC. | | |
| (Name of Corporation) | | |
| F1200000406 | | |
| (Document Number, if known) | | |
| A copy of this resignation was mailed to the above listed corporation at its last known address. | | |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. InCorp Services, Inc. (Signature of Resigning Agent) | | |
| If signing on behalf of an entity: | | |
| Wendy Hefley (Typed or Printed Name) | 178 — | |
| (13pec of 1 times 14mins) | | |
| Authorized Representative (Capacity) | 100 | |

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314