Address City/State/Zip Phone # Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

cold old i i old i o	EITE ITOTALE (S), (M. MAOTTA).
1. (Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	900059305491 (Document#) -06/24/0201066020
4	*****25.00 *****25.00
(Corporation Name)	(Document #)
□ Walk in □ Pick up time □ Mail out □ Will wait	Certified Copy Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS	AMENDMENTS Amendment Resignation of R.A., Officer/Director 24 Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other Examiner's Initials

CR2E031(7/97)

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.

1. The name of the limit	ed liability company is: _Saraso	ota Events LLC
		: 5802 Longwood Run Blvd
Sarasota FL	34237	
7/16/01		L01000011673
3. Date of filing/registra	tion in Florida	4. Document number
5. The name of the regist Florida Department of	ered agent and the registered office State:	e address as shown on the records of the
	Robert Coseo	
	Name	
	2398A Fruitville	Road
	Address Sarasota FL 342	237
	City, State and Z	Zip TS 0
6. The name and address	of the new registered agent and/or	~
	Richard Herbst	F JUN META MITAS
	Name	24 Zury
	3835 Seaview Stre	eet 무유 및
	Florida street address (P.O. Box	NOT acceptable) FLORIDA
	Sarasota FL 342	A TE 4.
	City, State and Zip	p
and the business office of liability company, it is her the members of the limite	hange or changes are made, the Flothe registered agent will be identicated confirmed that the change(s) of the limited liability company or as otherwise of the limited liability company.	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of a provided in the articles of organization or
Laurence I. Wa (Printed or typed name of signee)		
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	intment as registered agent and aging sof all statutes relative to the property of the limited liability company of the liability of the liability company of the liability company of the liability company of the liability of t	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Divisio	n of Copporations, P.O. Box 632	7, Tallahassee, FL 32314
INHS18(10/99)	FILING FEE: \$2	

to 04 5/20/02