# 40300000000000

• • •	· ·	
(Re	equestor's Name)	)
•		
(Ac	idress)	
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·
		•
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	·· MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		41
		AL\
	•	·

Office Use Only



400078154974

08/04/06--01020--012



2006 AUG 21 A IO: 1





Tuesday, August 01, 2006

Florida Department of State **Division of Corporations** P.O. Box 1300 Tallahassee, FL 32302

Re: Certified copy of record request and change of address for registered agent

Dear Sir or Madam:

Please send a certified copy of the articles of organization for the following com

Event Technology LLC (EIN# 830345616 / Document number L03000001266

Please mail copy to:

8350 Parkline Blvd.

Suite 1

Orlando, FL 32809

Please also update the address of the registered agent for Event Technology LLC and member and management detail for Thomas Brandt to:

13842 Marine Dr.

Orlando, FL 32832

A check is included for \$30 for the certified copy and \$25 for the change of address for the registered agent.

Thank you for your assistance.

Sincerely,

Thomas Brandt 407-251-1400 x157 tbrandt@etechav.com

8440 Tradeport Drive, Suite 100 - Orlando, Florida 32827 - Tel 407.251.1400 - Fax 407.251.1444 - www.etechworks.com Computer & Monitor Rentals • Audio Visual Services • High Speed Internet Connections



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 7, 2006

EVENT TECHNOLOGY 8350 PARKLINE BLVD SUITE 1 ORLANDO, FL 32809

SUBJECT: EVENT TECHNOLOGY LLC

Ref. Number: L03000001266

We have received your document for EVENT TECHNOLOGY LLCand your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 106A00049116

### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT:

Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Thomas Brandt  (Name of Person)  Event Technology LLC  (Firm/Company)  8350 Parkline Blud, Svite I  (Address)  Ovlando, FL 32809  (City/State and Zip Code)		
For further information concerning this matter, please call:		
Thomas Brandt at 407 581 3057  (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Ferson) (Med Code & Baytime Ferephone Name)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
INHS18 (8/05)  S25 Filing Fee Scertified Copy  INHS18 (8/05)  Induded  S55 Filing Fee & Certified Copy  Induded		
INHS18 (8/05) pad - letter induded		

#### 417 %

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

Pursuant to the provisions of sections 608.416 or 608.308, 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.
Funt Tashnalagilla
, t
2. The mailing address of the limited liability company is: 8350 Park   ne Blud
Suite 4, Orlando FL 32809
1/9/2003 L03000001266
3. Date of filing/registration in Florida 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:    Thinks Brandt
12644 Lake Mary Jane Re ASS SE City, State and Zip  6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office:
Thomas brandt = >
13842 Navine Av.
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32832
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.
( ) lin
(Signature of a member or authorized representative of a member)  The mas E Brandt  (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, Thereby 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 . FILING FEE: \$25.00