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COVER LETTER

TO: Registration Division of	on Section f Corporations		
SUBJECT: PR	ESTIGE CATERING PARTY PLANNER & RE (Name of Limited Liability Company)	NTALS,	LLC
•			
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.		
Please return all cor	respondence concerning this matter to the following:		
	SANDRA BONET (Name of Person)		
	(Name of Person)		;
		Zes TAL SE	
	(Firm/Company)	CRE	77
	31133 STONE ARCH AVENUE	JUN I U	1
	(Address)	FE. F	ILED
	WESLEY CHAREZ, FLORIDA 33544 (City/State and Zip Code)	P 12: 20 OF STATE E. FLORID	O
	(City/State and Zip Code)	20 IDA	
For further informat	tion concerning this matter, please call:		
SA	Name of Person) at (813) 900-784 (Area Code & Daytime Telephone)	S Number)	
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	0 Filing Fee, te of Status & Copy al copy is enclosed	!)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration 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 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 limited liability company is: PRESTIGE CATERING RENTALS, LLC	PARTY PL	.ANNER
2. The mailing address of the limited liability company is: 31133 STONE	ARCH AVE	NUE
WESLEY CHAPEL, FLORIDA 33544		·
MARCH 28, 2007 3. Date of filing/registration in Florida L0700033 4. Document number	372	
5. The name of the registered agent and the registered office address as shown on the Florida Department of State: MARLEAS M NARROTOLIA	e records of the	
MARLENE M. MARROQUIN Name		
31133 STONE ARCH AVENUE Address		
WESLEY CHAPEL FL 33544 City, State and Zip	Z001 JUN SECRETA TALLAHAS	
6. The name and address of the new registered agent and/or office:	JUN RET/ AHA	<u> </u>
SANDRA P. BONET Name	NRY C	
31133 Stone ARCH AVENUE	P 12: 20)F STATE , FLORIDA	0
Florida street address (P.O. Box NOT acceptable)	2: 20 FATE DRIDA	
WESLEY CHAPEL FL 33544 City, State and Zip	— —	
City, State and Zip		
If the limited liability company is not organized under the laws of the State of Florid confirmed that after the change or changes are made, the Florida street address of the and the business office of the registered agent will be identical. Or, in the case of a limit of the confirmed that the case of a limit of the case of t	registered offi	ce

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.

(Signature of a member or authorized representative of a member) SANDRAP. BONET (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, AS. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby 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**