(Requestor's Name) (Address) 500252726215 (Address) (City/State/Zip/Phone #) 10/30/13--01012--002 **25.00 PICK-UP WAIT MAIL (Business Entity Name) (Document Number)

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J. SAULSBERRY NOV 1 2013

COVER LETTER

Division of Corporations		
SUBJECT: Simply Divine Name of Limited	Events d Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office (Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Jessica Merczinger Name of Person	<u>.</u>	
Simply Divine Events Firm/Company		
5512 Angelonia Terrace	THE STATE OF THE S	
LAND O' LAKES, FL 34C39 City/State and Zip Code		
PSSICA @ SIMPLY divine events E-mail address: (to be used for future annual report notification)	. Cow	
For further information concerning this matter, ple	ase call:	
Jassica Maiczinger at (813 244-7110 Area Code & Daytime Telephone Number	
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:		
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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. Na	me of the limited liability company:	Divine Events LLC
2. (a)	Principal office address of limited liability compa(Note: MUST BE STREET ADDRESS)	any: 2931 Trinity Cottage Dr LAND O' LAKES, FL 34638
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2209 Collier Pkwy #163
// 3. Da	/12/67 te of filing/registration in Florida	L07000/18298 4. Document number
	Registered Agent and Registered Office shown of	on the records of the Florida Deptof States
(,	Registered Agent:	Loei K Bandall
	Registered Office Address:	
		- T
(b)	Enter name of NEW Registered Agent and/or N	IEW Registered Office address:
	NEW Registered Agent:	Jessica K. Meiczinger
	NEW Registered Office Address: [Mail 1808]	5512 Angelonia Terrace
		LAND O' LAKES ,FL 34639
confir and th liabili the me the op	limited liability company is not organized under the med that after the change or changes are made, the business office of the registered agent will be id ty company, it is hereby confirmed that the change embers of the limited liability company or as other perating agreement of the limited liability company or as other perating agreement of the limited liability company or a member or authorized representative of a member	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote of rwise provided in the articles of organization or
Drings.	Jessica Meiczinger	
	eby accept the appointment as registered agent and with the provisions of all statutes relative to the am familiar with and accept the obligations of my ter 608, F.S. Or, if this document is being filed to ss, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.
Signati	he of registered Agent	

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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00