L08000061282

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

J. BRYAN

SEP 1 6 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: EventSetters, LLC (Name of Lim	nited Liability Company)	. 0
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	natter to the following:	
Magali J. Valls	····	
(Name of Person)		O NIG
		08 SEP 15
EventSetters, LLC		TP SET
(Firm/Company)		一5年2
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
1092 N.W. 134 Place		S
(Address)		DIVISION OF CORPORATIONS 08 SEP 15 PM 3: 59
·		G 35
Miami, Florida 33182		
(City/State and Zip Code)	,,,,,	
For further information concerning this matter, ple	ease call:	
Magali Valls at (305) 310-2245	_
(Name of Person)	(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 am	ount:	
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

ŞTAŢEMENT 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: EventSette	rs, LLC	÷
2. (a)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 1092 N.W. 134 Place Miami, Florida 33182	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1092 N.W. 134 Place Miami, Florida 33182	51 12
***************************************	23, 2008	L08000061282	
3. Da	te of filing/registration in Florida	4. Document number	<u>,</u>
5. (a)	Registered Agent and Registered Office shown on	· · · · · · · · · · · · · · · · · · ·	死
	Registered Agent:	Michelle Hampton	30,0
	Registered Office Address:	Michelle Hampton 2782 SW 33 Avenue Coconut Grove, Florida 33133	SHORS
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>		
	NEW Registered Agent:	Magali J. Valls	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1092 N.W. 134 Place	
		<u>Miami</u> ,FL <u>33182</u>	
that al office hereby liabili limite	limited liability company is not organized under the fler the change or changes are made, the Florida street of the registered agent will be identical. Or, in the y confirmed that the change(s) was/were authorized ty company or as otherwise provided in the articles deliability company. Michael Lally are of a member or authorized representative of a member)	et address of the registered office and the business case of a Florida limited liability company, it is	
	i J. Valls d or typed name of signee)		
I here complean fair F.S. Confir	eby accept the appointment as registered agent and y with the provisions of all statutes relative to the p. miliar with and accept the obligations of my position, of this document is being filed to merely reflect a metal the limited liability company has been notified.	agree to act in this capacity. I further agree to roper and complete performance of my duties, and n as registered agent as provided for in Chapter 60 change in the registered office address, I hereby a lin writing of this change.	I)8,
(Signet	ure of Pagrictared Agent)		

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