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D. BUTLER

COVER LETTER

Registration Section TO: **Division of Corporations** Cream of the Crop Events & Logistics, LLC SUBJECT: Name of Limited 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 matter to the following: Deidre Everdij, Partner Name of Person Cream of the Crop Events & Logistics, LLC Firm/Company 49 North Federal Highway Address Dania Beach, Florida 33004 City/State and Zip Code deidre@cotcevents.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 925-4981 954 Deidre Everdii Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

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

Pursuant to the provisions of sections 608.416 or 60 liability company submits the following statement in o agent, or both, in the State of Florida.	8.508, Florida Statutes, t rder to change its registe	he undersigned limited red office or registered
1. Name of the limited liability company: Cream of the	ne Crop Events & Logis	tics, LLC
2. (a) Principal office address of limited liability comp (<i>Note: MUST BE STREET ADDRESS</i>)	any: 158 North Federal I Dania Beach, FL 33	Highway 3004
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same as above	
January 15, 2009	L0900005106	
3. Date of filing/registration in Florida	4. Document number	6
5. (a) Registered Agent and Registered Office shown	on the records of the Flori	da Dept. of State:
Registered Agent:	Lisa Jebb	
Registered Office Address:	158 North Federal Highway Dania Beach FL 33004	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	49 North Federal Highway	
(MUST BE FLORIDA STREET ADDRESS)	Dania Beach	,FL_33004
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company it is hereby confirmed that the change the members of the limited liability company or as other operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of lentical. Or, in the case of e(s) was/were authorized b rwise provided in the artic	the registered office a Florida limited by an affirmative vote of
Deidre Everdij Printed or typed name of signee		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar withland accept the obligations of my Chapter 608, F.S. Or lifthis document is being filed to address. I hereby confirm that the limited liability comp.	nd agree to act in this capa proper and complete perf position as registered ag merely reflect a change in pany has been notified in w	icity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.
Manage of registered right		