L09000006372

(Requestor's Name)				
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(City/State/Zip/Phone #)				
<u></u>	WAIT	·		
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J. BRYAN

AUG 21 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	3		
SUBJECT:		Events, LLC I Liability Company	······································
Dear Sir or Madam:			
The enclosed Registered Agenta	Registered Office	Change and fee(s) are s	ubmitted for filing.
Please return all correspondence	e concerning this m	atter to the following:	
Michelle	Facey		
Name of Per	son		
ION Event			
219 SE 8th Address Dania, Florid	n Street		ELE AUG 20 PH 3: 48
City/State and Z			ŕ
ionevents09@ E-mail address: (to be used for future For further information concern			
Michelle Facey	at (954)	2759016
Name of Person	at (/	ne Telephone Number
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, Florida 3230	rcle	MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, Florida	tions
Enclosed is a check for	the following am	ount:	
\$25 Filing Fee		\$55 Filing Fee & Certified Copy	

TO:

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. Name of the limited liability company:	ION Events, LLC	
2. (a) Principal office address of limited liability company	219 SE 8th Street	
(Note: MUST BE STREET ADDRESS)	Dania, Florida 33004	
(b) Mailing address of limited liability company:	219 SE 8th Street	
(Note: MAY BE POST OFFICE BOX)	Dania, Florida 33004	
8/16/12	L0900006372	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:	
Registered Agent:	Mitch Pizik	
Registered Office Address:	2130 N. 52ND AVE. Hollywood, FL 33021	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>		
NEW Registered Agent:	Geoffrey Williams 6	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	219 SE 8th Street Dania, FL 33002	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member Michelle Facey Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro-	ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.	

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

Signature of Registered Agent//