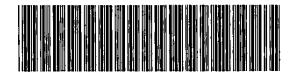
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(Re	questor's Name)						
(Address)							
(Ad	dress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Ві	ısiness Entity Nar	ne)					
(Document Number)							
Certified Copies Certificates of Status							
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## COVER LETTER

-35

TO: Registration Section Division of Corporations					
SUBJECT: BITTON EVENTS LLC					
Name	e of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
David Bitton					
Name of Person					
Bitton Events LLC					
Firm/Company					
17810 West Dixie Highway, Suite A&B					
Address					
North Miami Beach, FL 33160					
City/State and Zip Code	,				
david@bittonevents.com					
E-mail address: (to be used for future annua	ual report notification)				
For further information concerning this matter, p	please call:				
David Bitton	786 252-7469				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following a	closed is a check for the following amount:				
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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	une of the limited liability company: BITTON EVENT	TS LL	.C	<del></del>			
2. (a)		(b	)				
` ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability compa					
	255 EAST COMMERCIAL BLVD, SUITE 207		17810 V	V Dixie Highw	vay, Sui	te A&E	3
	LAUDERDALE BY THE SEA, FL 33308	North Miami Beach, FL 33160					
	07/18/2012		L120000	93182			
3.	Date of filing/registration in Florida	4.		Document num	ıber	<del></del>	<del>, ,</del>
5. (a)	PARISI, ROBERT						
, (u)	Registered Agent and Registered Office shown on the records of the	Florida	Dept. of Stat	œ:			
	PARISI, ROBERT						
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS	1	-			
	255 EAST COMMERCIAL BLVD, SUITE 207						
	LAUDERDALE BY THE SEA , FL 33	3308		_	4 Î		
	, rt,			_	•••	ଟ	
(b)	DAVID BITTON			_	,	APR	."
,	Enter name of NEW Registered Agent and/or NEW Registered Of	fice ado	lress:	_	200 200 200 200 200 200 200 200 200 200	1	•
					֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		!"}(
	NEW Registered Office Address:			_		PM 4:	e) white
	<del></del> •						
	17810 W Dixie Highway, Suite A&B		•	<del>-</del>	79 T.	ଫ	
	North Miami Beach , FL 33	3160					
(f the 1	imited liability company is not organized under the laws	of the	State of FI	orida it is harab	w confirm	nad that	after
he cha	inge or changes are made, the Florida street address of the	e regis	tered offic	e and the busine	ss office	of the re	egistered
	vill be identical. Or, in the case of a Florida limited liabi						
he arti	cles of organization or the operating agreement of the lin	nited l	iability cor	npany.	o unoi wi	be provi	
	det Calin	RO	BERT PA				
Signa	ture of a member of authorized representative of a member			Printed or typed r	name of sig	nee	
provisi he obl o merc	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided fely reflect a change in the registered office address, I her a provided in writing of this change.	to act erforme for in C reby co	in this cap ince of my Chapter 60. onfirm that	pacity. I further duties, and I an 5, F.S. Or, if thi the limited liab	agree to 1 familiar is docume ility comp	comply with an ent is be pany has	with the id accep ing filed s been
Signatu	re of Registered Agent						