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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LEGAL200M.COM INC.
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**LLC REGISTERED AGENT CHANGE
PERFECT TOUCH EVENTS, LLC**

Certificate of Status	0
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C. LEWIS

JUL 21 2014

EXAMINER

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

Pursuant to the provisions of sections 605.0114, 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: PERFECT TOUCH EVENTS, LLC
2. (a) Principal office address of limited liability company: 4703 SOUTHBREEZE DR
(Note: MUST BE STREET ADDRESS) TAMPA
FL 33624
- (b) Mailing address of limited liability company: 4703 SOUTHBREEZE DR
(Note: MAY BE POST OFFICE BOX) TAMPA
FL 33624

05/17/2013

L13090072802

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CORPORATION SERVICE COMPANY

Registered Office Address:

1201 HAYS STREET
TALLAHASSEE, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

United States Corporation Agents, Inc.

NEW Registered Office Address:

13302 Winding Oaks Court

(MUST BE FLORIDA STREET ADDRESS)

Suite A
Tampa, FL 33612

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Tara Tulle
 Signature of a member or authorized representative of a member

TARA TULLE

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Emma Richardson
 Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (12/13)

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