Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000351446 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

Prom:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH

Account Number : I20160000081

Phone Fax Number

: (407)839-4277 : (407)839-4264

Enter the email address for this business entity to be used for furture annual report mailings. Enter only one small address please.

Email	Address:	

LLC REGISTERED AGENT CHANGE **ELEVATION EVENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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 understand limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Ne	me of the limited liability company: Elevation Eve	ents LLC
	2875 S. Orange Avenue	(b) 2875 S. Orange Avenue
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 500 #4080	Suite 500 #4080
	Orlando, FL 32806	Orlando, FL 32806
	07.24.2013	L13000104690
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Broad and Cassel LLP	
). (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:
	390 N. Orange Avenue, Suite 1400	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESSI
	Orlando FL	32801
(b)	B&C Corporate Services of Central Florida, Enter name of NEW Registered Agent and/or NEW Registered	
	390 N. Orange Avenue, Suite 1400	AM IO: DF 3 :AI C-F LORI
	NEW Registered Office Address:	म्बर्ग । 5
	Orlando	32801
the cha agent vivas/sva the arti	imited liability company is not organized under the la ange or changes are made, the Florida street address o	ws of the State of Florida, it is hereby confirmed that after free registered office and the business office of the registered lability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
I here provisi the obj	by accept the appointment as registered agent and agions of all statutes relative to the proper and completing of many position as registered agent as provided to reflect a change in the registered office address, I do not thing of this phange.	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am jamiliar with and accept ed for in Chapter 6D5, F.S. Or, if this document is being filed hereby confirm that the limited Itability company has been