## 114000088286

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

OC5/11

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Inspired Event Planning 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:		
Name of Person		
Inspired Event Planning Firm/Company		
128 Heritage Way		
West Palm Beach FL 33407 City/State and Zip Code		
HelliedM 20 E a mail. com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (Sle) 339-7528  Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\square\$ \$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	me of the limited liability company: <u>INSpired Event Planning LLC</u>
2. (a)	Principal office address of limited liability company:  (b) Nœlle Miskulin  Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	128 Heritage Way 128 Heritage Way
	West Palm Brach, FL 33407 West Palm Bch, FL 3340
	6/3/2014 14000088286
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Moele Miskulin
,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	608 Fern St.
	West Palm Beach, FL 33401
	Dest rain Beach , FL 33(0)
(b)	Noelle Miskulin
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	128 Heritage Way
	37.107
	West Palm Beach, FL 33407
If the li	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the cha	inge or changes are made, the Florida street address of the registered office and the business office of the registered
was/we	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the arti	cles of organization or the operating agreement of the limited liability company.
Signa	ture of a thember or authorized representative of a member  Nocle Miskulin  Printed or typed name of signee
•	
provisi the obl to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in yriting of this change.
ے	Molle Mahilu

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

Signature of Registered Agent

DITTO 10 (2/14)