L15000056878

| (Re | equestor's Name |) | | | | | |
|---|-------------------|--------------|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (Cit | ty/State/Zip/Phor | ne #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | Certificate | es of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
| | | | | | | | |
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2015 NOV -2 PH 3: 44
SECRETARY OF STATE

J. HARRIS

COVER LETTER

| TO: Registration Section ' Division of Corporations | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| SUBJECT: Community Events LLC 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: | | | | | | | | |
| An Gela Reinhard Name of Person | | | | | | | | | |
| Community Events LCC Firm/Company | | | | | | | | | |
| PO BOX 764 Address | | | | | | | | | |
| Palmetto, FL 34220 City/State and Zip Code | | | | | | | | | |
| E-mail address: (to be used for future annual report | or\ <u></u> notification) | | | | | | | | |
| For further information concerning this matter, please call | l: | | | | | | | | |
| An Gela Reinhard at (9) Name of Person | 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 | \$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 | ame of the limited liability company: | unity | Events | LLC | | |
|-------------------|--|----------------------------|-------------------------------------|----------------------------------|----------------------------|---------------------------|
| | Principal office address of limited liability company: | _ (b)_ | 4111 | 18th address of limite | | |
| | (<u>Note: MUST BE STREET ADDRESS</u>) | | (<u>Note</u> | e: MAY BE POS | ST OFFICE | BOX) |
| | Bradenton, FL 34205 | | Brac | denton, | FL3 | 4205 |
| | | | | | | |
| | A | | i : ~ | | - · · · · · · | . |
| 3. | March 31, 2015 Date of filing/registration in Florida | 4. | | ment number | | |
| 3. | • | 4. | Docu | ment number | | |
| 5. (a) | Addobea Skiba Registered Agent and Registered Office shown on the records of the | ne Florida De | ent of State | | | |
| | 4111 18th Ave W | ic i lorida De | pt. or state. | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) | | | | |
| | | | | | | |
| | | | | <u> </u> | 7s 2 | |
| | Bradonton, FL | 34 20 | 2 | > | VON SION | |
| (b) | An Gela Reinhard | | | Tika |)V -2 | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | Office addre | <u>ss</u> : | ن. د | 71 | Lacked A |
| | it is a literature of the second of the seco | | | | PH 3: 44 | ह्या कि र }स्टब्स्थल |
| | NEW Registered Office Address: | | | 7. | | |
| | NEW Registered Office Address. | | | Ä | . · · · | |
| | | <u> </u> | | | | |
| | Palmetto , FL | 3422 | _\ | | | |
| 7C.1 1 | | | | it is houshy or | antimuad tl | not often |
| the cha | limited liability company is not organized under the law ange or changes are made, the Florida street address of | the register | red office and i | the business o | office of the | e registered |
| agent was/w | will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of | bility com | pany, it is here d liability com | by confirmed ipany or as oth | that the ch herwise pro | ange(s) ovided in |
| the art | icles of organization or the operating agreement of the | limited lial | oility company | | | |
| Signa | ture of a member or authorized representative of a member | | Addobe Printe | ed or typed name | of signee | <u> </u> |
| | • | | | | | ly with the |
| provis the ob | by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered affice address, I h | performand I for in Cha | ce of my duties apter 605, F.S. | , ănd I am far Or, if this do | niliar with ocument is | and accept being filed |
| to mer notifie | ely reflect a change in the registered office address, I h d infyring of this change. | iereby conj | firm that the lir | nited Tiability | company | has been |

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

egistered Agent