## 115000094430

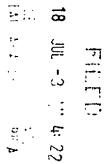
(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



300315239773

07/08/16--01011--023 \*\*25.00



S. PRATHER

## COVER LETTER.

TO: Registration Section Division of Corporations						
SUBJECT: OG 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 n	natter to the	following:				
Olaya J Guerrero Pino						
Name of Person		_				
OG Events, LLC						
Firm/Company		_				
12949 Langstaff Drive						
Address						
Orlando, Florida 34786						
City/State and Zip Code		_				
guerrero.olaya@gmail.com						
E-mail address: (to be used for future annual	report notif	ication)				
For further information concerning this matter, plo	ase call:					
Olaya Guerrero	954	348-2658				
Name of Person	\ <u> </u>	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	<b>□</b> \$5	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. No	ame of the limited liability company: OG Events, L	LC			
	Principal office address of limited liability company:		)	dailing address of limite	
	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		N	dailing address of limite (Note: MAY BE POS	
	12949 Langstaff Drive		12949 La	angstaff Drive	
	Orlando, Florida 34786		Orlando,	Florida 34786	
	May 29, 2015		_1500009	94430	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATION AGENT Registered Office Address (MUST BE FLORIDA STREET A 12949 Langstaff Drive)  Orlando	the Florida S, INC. ADDRESS			FILE: 18 JUL -3 PH ± 27
	Orlando	34786			
the cha agent v was/wa the arti Signa I here, provisi the obl to mero notifie	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the MCLICI COUNTICE—ture of a member or authorized representative of a member one of a member of a member of authorized representative of a member o	the regis ability co of the limited li Olay	tered office inpany, it is ted liability com va J Guero	and the business of hereby confirmed or company or as otherwise.  Printed or typed name active. I further agree	ffice of the registered that the change(s) rerwise provided in of signee