## LIMMOS241

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 4 Deschiations & Events, LCC.  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:
Lucia Chercus - Hall.  Name of Person
4 Destrictions & Events, (Co Firm/Company
9225 Poneville Dr
Address  Address  Acte Worth. Florida 33 46"  City/State and Zip Code
levia Dy destriations overels, com
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Huein Curseus Hall at (305, 546-6930.  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301  Exclused in a check for the following amount:
Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

## 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. estinations & Events, UC Name of the limited liability company: 2. (a) Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) MAY BE POST OFFICE BOX) 3. Wind ing Oak Noor Registered Office Address **NEW** Registered Office Address: 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 prganization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee 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 meeting of this charge of this charge of this charge. notified in writing of this change.

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

Signature of Registered Agent