| (Requestor's Name) (Address) | |
|---|---------------------------|
| (Address) | 600304848486 |
| (City/State/Zip/Phone #) | 10/26/1701015021 **110.80 |
| (Business Entity Name) | |
| (Document Number) | |
| ertified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |

D SAATT GCT 27 2017

COVER LETTER

TÒ: **Registration Section Division of Corporations**

Wild Rooster Events, 1 SUBJECT:

Dear Sir or Madam:

ŧ

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stewart Mann, CEO Name of Person Wild Rooster Events Firm/Company 350 Serene Meadow New Braunfels TX. 78130 City/State and Zip Code E-mail address: (to be used for future annual report notification) õ For further information concerning this matter, please call: S at (361) 949-3142 Area Code & Daytime Telephone Number RODSTER EVENTS, LLC Attorney for MIL STREET/COURIER ADDRESS: MAILING ADDRESS: **Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building** P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☑ \$55 Filing Fee & Certified Copy 🟌 □ \$25 Filing Fee coinbined with check for Bridge The App 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: Wild ROOSTER EVENTS, LLC | | | | | | |
|----|---|---|--|--|--|--|--|--|
| 2. | (a) | 4500 N. federal Highway (21 (b) SAME AS PRINCIPAL | | | | | | |
| | | Principal office address of limited liability company: Mailing address of limited liability company: | | | | | | |
| | | (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) | | | | | | |
| | | Lighthouse Point | | | | | | |
| | | <u>110eida 33064</u> | | | | | | |
| 3. | | $\frac{2 \left 29 \right 2016}{\text{Date of filing/registration in Florida}} 4. \qquad \text{Document number}$ | | | | | | |
| 2. | | | | | | | | |
| 5. | (a) | Matthew? May | | | | | | |
| | | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | | |
| | | HSOD_N. tederal Highin)au ## 121 | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | | |
| | | Lighthouse Point | | | | | | |
| | | | | | | | | |
| | | <u></u> | | | | | | |
| | (b) | Stewart Mann | | | | | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : | | | | | | | |
| | | 1400 Village Square Blud #3-80352 NEW Registered Office Address: Tallaha Siee 71, 32312 | | | | | | |
| | | | | | | | | |
| | | , FL, S | | | | | | |

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 organization or the operating agreement of the limited liability company.

| Libber E. | Edulards | Attorney | Libby E | Edwards |
|---------------------------------|--|--|---|---|
| Signature of a/member or author | zed representative of a g | iember the | Printed or ty | ped name of signee |
| I hereby accept the appointm | Cl HOOSTPA nent as registered ag tive to the proper ar n as registered agent the registered office | EXENDS gent and agree to act nd complete perform t as provided for in (| in this capacity. I furt ance of my duties, and Chapter 605 F.S. Or i | her agree to comply with the l am familiar with and accept f this document is being filed |
| Signature of Registered Agent | W an- | | | |

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