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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE PROP WASH EVENTS, LLC

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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 10/14	 Dana 14/a	مرم حال مام	۰		
1. N	ame of the limited liability company: Prop Wa	sn Eveni	is, LLC		
2. (a)		(b)			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)		
	7901 4th St N STE 300	790	7901 4th St N STE 300		
	St. Petersburg FL 33702	St. F	Petersburg FL 3	sburg FL 33702	
	12/15/2017	L170	000256578		
3.	Date of filing/registration in Florida	4.	Document m	umber	
5. (a)	WHITE, ROBERT R, JR			20	
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	of State:	APPROV FILE 2019 MAR 29 STEPRISS	
	Registered Office Address	ADDRESS)		78 29 正路	
	7200 SUNSHINE SKYWAY LN S., 10-G			MID: 34 SELL PLOSTS	
	ST PETERSBURG FI	33711		11 o	
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	d Office address:	- 		
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	33702			
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited by the authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the registered iability compan of the limited li	office and the busing, it is hereby conflictly company or	iness office of the registered immed that the change(s)	
	Riluy tark		Riley Park		
_	ature of a member or authorized representative of a member			ed name of signee	
provis the ob to men natifie		ree to act in this performance of the control of the confirmance of the confirmance of the confirmant Secretary	is capacity. I furth of my duties, and I er 605, F.S. Or, if o that the limited li	er agree to comply with the am familiar with and accept this document is being filed ability company has been	
Signat	ure of Registered Agent				