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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE **EVENT TREE LLC**

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K. SALY

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9/12/2024 13:30:50 PDT To 18506176383 Page: 2/2 Fax: 8134365206

## 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 Elorida

1. N	Name of the limited liability company: EVENT	TREE L	LC		
	)				
•	Principal office address of limited Hability company:  (Note: MUST BE STREET ADDRESS)			ess of limited Hability company:  AY BE POST OFFICE BOX)	
2	06/14/21		210002755		
3.	Date of filing/registration in Florida	4.	Document		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			THE LET THE SEPTEMBER THE SEPTEMBER	1
	Registered Office Address (MUST BE FLORIDA STREET		TALLANDERSON ELECTRICAL	: T	
	, F			Mah-m	
<b>(</b> b)		100	<u>_</u>	26	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>d Office addres</u>	<u>s</u> :		
	7901 4th St N				
	NEW Registered Office Address: STE 300				
	St. Petersburg	<sub>L</sub> 33702			
the chagent was/v the ar	limited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the register iability composition of the limited of the limited	ed office and the bu any, it is hereby co Hiability company	usiness office of the registe on firmed that the change(s)	ered )
	lature of a member or authorized representative of a member	Robir	Jones		
Sign	iature of a member or authorized representative of a member		Printed or typed name of signer		

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 merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent