

121 000431902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

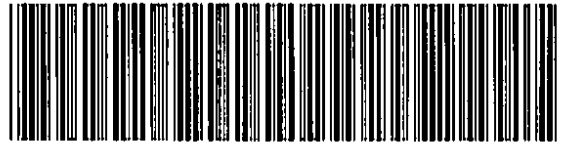
(Business Entity Name)

(Document Number)

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IN PRICE
OCT 31 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Events From Lori
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:

Lori Dolan
Name of Person

Events From Lori
Firm/Company

11924 Forest Hill Blvd., Suite 10A-412
Address

Wellington, FL 33414
City/State and Zip Code

eventsfromlori@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Dolan at (561) 573-2257
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2021 OCT 19 AM 11:19

FILED

**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. Name of the limited liability company: Events From Lori

2. (a) 11924 Forest Hill Blvd. (b) 11924 Forest Hill Blvd.

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Suite 10A-412

Suite 10A-412

Wellington, FL 33414

Wellington, FL 33414

10/1/2021

L21000431802

3. Date of filing/registration in Florida

4. Document number

5. (a) LORI REVILLA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

11924 Forest Hill Blvd.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Suite 10A-412

Wellington, FL 33414

(b) LORI DOLAN
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

FL

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.

Lori A. Dolan

Signature of a member or authorized representative of a member

Lori Dolan

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.

Lori A. Dolan

Signature of Registered Agent