L23000075730

(Requestor's Name)						
(Address)						
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(Aai	dress)					
(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(2)	·					
(Bus	siness Entity Nam	ne)				
(Doe	cument Number)					
Certified Copies	Certificates	of Status				
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Special Instructions to Filing Officer:						





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SELECTARY OF STATE
TALL AHASSEE, FLORIDA

COVER LETTER

то:	Regi Divi	stration Section sion of Corporations					
SUBJE	ECT:	ONE Events Group, LLC			-		
		Name of Limited Liability Company					
Dear S	ir or N	Aadam:					
The en	closed	l Registered Agent/Registered (Office Change	and fee((s) are submitted for filing.		
Please	return	all correspondence concerning	this matter to	the follo	owing:		
Nicky I	Baume	bhl					
		Name of Person					
ONE E	events	Group, LLC					
		Firm/Company					
1201 W	V. Swa	nn Ave					
		Address					
Tampa,	, FL 3	3606					
		City/State and Zip Code	2				
nicky@	Gevolu	tionaryevents.com					
E	-mail	address: (to be used for future a	innual report r	otificati	ion)		
For fur	ther i	nformation concerning this matt	er, please call				
Nicky I	Baumo	phl .	415 at (,	593-0550		
<u> </u>	••	Name of Person	(, A	rea Code & Daytime Telephone Number		
	Mai	ling Address:		5	Street Address:		
		istration Section		_	Registration Section		
	Div	sion of Corporations		Ι	Division of Corporations		
		Box 6327			The Centre of Tallahassee		
	Tall	ahassee, FL 32314			2415 N. Monroe Street, Suite 810 Fallahassee, FL 32303		
	Enc	losed is a check for the followi	ng amount:				
	■ S	25 Filing Fee	C	3 \$ 55 F	filing Fee & Certified Copy		

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	ame of the limited liability company: ONE Events Green	oup, LLO	C 		
2 (a)			(h)		
-, (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1201 W Swann Ave			1201 W Sw	rann Ave
	Tampa, FL 33606			Tampa, FL	33606
	02/10/2023		I.	.230000757	30
3.	Date of filing/registration in Florida	— 4.	-]	Document number
5. (a)					
J. (a)	Registered Agent and Registered Office shown on the records of	f the Flor	ida l	Dept. of State	:
	Incorp Services, Inc			·	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	:SS)		
	3458 Lakeshore Drive				
	Tallahassec , Fl	32312 L	!		FILED PH 3: 2
					FILET PH
(b)					Asses = T
	Enter name of NEW Registered Agent and/or NEW Registere	d Office	addı	ress;	mc a II
	Nicky Baumohl				1 3: 29 FLORIDA
	NEW Registered Office Address:				29 ORIDI
	1201 W Swann Avenue				>
	Татра	. 33606	ı		
	, FI	L			
change agent v was/we	imited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe lability of the li	ered com imit	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/	1000 12000	N	icky	Baumohl	
	ture of a member or authorized representative of a member				Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to a perfort d for in hereby	ict ii man i Ch con	this capa ice of my di apter 605, firm that th	city. I further agree to comply with the uties, and I am Jamiliar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signatu	proof Registered Agent				

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