132498

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COVER LETTER

TO: Amendment Section Division of Corporations (LLEA)	
SUBJECT: INTERNATION	AL LIVE EVENT ASSOCIATION OF SOUTH FLORIDA Name of Corporation CARRIBBEAK CHAPTER
DOCUMENT NUMBER: N	2498
The enclosed Statement of Change	of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence o	oncerning this matter to the following:
MAR G	ARET ROSENBERG
	Name of Contact Person
ILEA	ARET ROSENBERG- Name of Contact Person - SFLC.
	Firm/Company
9039	BAY HARBOUR CITCLE Address
	Address
WES	T PALH BEACH, FL 3341/ City/State and Zip Code
· · · · · · · · · · · · · · · · · · ·	DILea-SFLC. COM
E-mail addres	s: (to be used for future annual report notification)
For further information concerning	this matter, please call:
WARGARET RO	SEN BERG 561, 329-7892

Enclosed is a \$35.00 check made payable to the Department of State.

Name of Contact Person

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Area Code & Daytime Telephone Number

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	as 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this a corporation organized under the laws of the State of FURIDA
	tered office or registered agent, or both, in the State of Florida. FLORIDA CARLIBBEAU
1. The name of the corporation:	TEKNATIONAL LIVE EVENTS ASSOCIATION SOU
2. The principal office address: WEST PAL	4039 BAY HARBOUR CIRCLE M BEACH, FL 33411
, <u>, </u>	H BEACH, FL 33411
3. The mailing address (if different):	
4. Date of incorporation/qualification	n: 4 25 95 Document number: N32498
5. The name and street address of the Florida Department of State: (If r	e current registered agent and registered office on file with the esigned, enter resigned)
JAMIE	ORISTANO
10404	Mª NAB RD
TAMAR	AC, FL 33321 PSE
6. The name and street address of th (if changed):	e new registered agent (if changed) and /or registered office
MARGAR	
9039	BAY HARBOUR CIRCLE ST. 5
WEST	PALM BEACH, FL 3341/
The street address of its registered as changed will be identical.	office and the street address of the business office of its registered agent,
Such change was authorized by resauthorized by the board, or the corp	olution duly adopted by its board of directors or by an officer so location has been notified in writing of the change.
Signature of an officer or director	HARGARET ROSENBER Printed or typed name and title
I hereby accept the appointment as I further agree to comply with the p performance of my duties, and I am agent. Or, if this document is being hereby confirm that the corporation	registered agent and agree to act in this capacity. registered agent and agree to act in this capacity. rovisions of all statutes relative to the proper and complete familiar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address, I has been notified in writing of this change.
Malga	9-5-17
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or Printed Name	
	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314