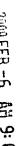
(Requestor's Name)	<del></del>
(Address)	<del></del>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: 3-D Convention Services, Inc (Name of Corporation)		
(Name of Corporation)	_	
DOCUMENT NUMBER: P04000147676		
The enclosed Statement of Change of Registered Office/Agent and fee are	e submitted for filing.	
Ţ Ţ	<b>3</b>	
Please return all correspondence concerning this matter to the following:		
Samantha Dixon		
(Name of Contact Person)		
3.D Convention Services Inc		
3-D Convention Services, Inc. (Firm/Company)	<u>,                                    </u>	
6851 SW 21st Court, #13		
(Address)		
Davie FL 33317		
Davie, FL 33317 (City/State and Zip Code)		
For further information concerning this matter, please call:		
For further information concerning this matter, please can.		
Samantha Dixon at ( 954	) 423-9803	
(Name of Contact Person) (Area Code	) 423-9803 & Daytime Telephone Number)	
•		
Enclosed is a \$35.00 check made payable to the Department of State.		
No. 115 A. J. Janesey	J.J.,,,,,,	
Mailing Address: Street A Amendment Section Amend	Address: ment Section	
· · · · · · · · · · · · · · · · · · ·	n of Corporations	
• • • • • • • • • • • • • • • • • • •	Building	
	xecutive Center Circle	

Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: 3-D Convention Services, Inc.
2. The principal office address: 6851 SW 21st Court. #13, Davie, FI 33317
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/2006 Document number: PDH DOO 1476
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Darrell Dixon
6825 SW 21st Court, #4
Davie, FL 33317
6. The name and street address of the new registered agent (if changed) and /or registered office A C C A C C A C C A C C C A C C C C C
6851 SW 21st Court, #13 (P.O. Box NOT acceptable)
Davie, FL 33317
The street address of its registered office and the street address of the business office of its gistered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Samantha Dixon / Vice President  (Printed or typed name and title)
Thereby 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 obligation of my position as registered agent. Or, if this document is bein filled merely to reflect a change in the registered office address, I hereby confirm that the corpolation has been notified in writing of this change.
(Signature of Registered Agent)  January 6, 2009 (Date)
If signing on behalf of an entity:
Samantha Dixon (Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*