P06000051942

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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2009 NOV 17 PH 1:2:

R.A.

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NOV 23 2009

*STATEMENT OF CHANGE OF REGISTERED OFFIGE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		2, 617.0502, 607.1508, or 617.1508, Florid tion organized under the laws of the State o		
in ord	er to change its registered office	e or registered agent, or both, in the State o	f Florida.	
1. The name of	. The name of the corporation: Fort Lauderdale Convention Services, Inc.			
		t Avenue, Fort Lauderdale, FL 33311		
3. The mailing	address (if different):_PO Box	22366, Fort Lauderdale, FL 33335-2366		
4. Date of incor	poration/qualification: 04/12/06	Document number: P060	00051942	
5. The name and		egistered agent and registered office on file	with the	
	CT Corporation System	1	A SECTION AND A	
	1200 S. Pine Island Roa	ad	2009 NOV 17	
	Plantation, FL 33324		T PH SSEE:F	
6. The name and (if changed):	d street address of the new regis	stered agent (if changed) and /or registered of	A S To Section .	
	NRAI Services, Inc.			
	2731 Executive Park			
	(P.O. Box NO Weston, FL 33331	OT acceptable)		
The street addr	ess of its registered office and l be identical.	the street address of the business office of	f its registered agent,	
Such change w authorized by t	s authorized by resolution du e board, or the corporation ha	ly adopted by its board of directors or by as been notified in writing of the change.	an officer so	
(Signat	ure of an officer or director)	Printed or typed name a	UP & TREASURER	
I hereby accept I further agree of my duties, an docameynis be coupordion ha	t the appointment as registered to comply with the provisions nd I am familiar with and acce ing filed merely to reflect a chi s been notified in writing of the	l agent and agree to act in this capacity. of all statutes relative to the proper and c pt the obligation of my position as registe ange in the registered office address, I he is change.	omplete performance red agent. Or, if this reby confirm that the	
// / // / // (Si	ignature of Begistered Agent)	$\frac{11/13/09}{100}$		
If signing on be	Brenda L. White Assistant Secretary	,		
(Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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