Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BUSH ROSS, P.A.

Account Number: I19990000150

: (813)224-9255 Phone

: (813)223-9620 Fax Number

Celeste Perrino

REGISTERED AGENT CHANGE

THE LANGE FARM SPECIAL EVENT CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

To: Amendment Section Division of Corporation	ns			
SUBJECT:	The Lange Fa	rm Special Event Center, Inc.		
	(Name of Cor	poration)		
DOCUMENT NUMBER:	P0600011487	78		
The enclosed Statement of Ch Please return all corresponden		office/Agent and fee are submitted for filing. atter to the following:		
	Celeste Pe			
(Name of Contact Person)				
Bush Ross, P.A.				
(Firm/Company)				
	1801 North F	lighland Avenue		
(Address)				
	Tampa Fi	orida 33602		
	(City/State and			
For further information conce	ming this matter, ple	ase call:		
Celeste Perrino	at (_	813) 204-6425		
(Name of Contact Pers		(Area Code& Daytime Telephone Number)		
Enclosed is a \$35.00 check ma	ade payable to the Do	epartment of State.		
	Address:	Street Address:		
* *	ment Section	Amendment Section		
	n of Corporations	Division of Corporations		
	ox 6327 ssee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
× 444 444	,			

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

Pursuant to the provisions of sections 607.0502, 617.0502, 617.1508, 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:	he Lange Farm Special Event Center, Inc.		
2.	The principal office address:3	3520 Lange Farm Rd., Dade City, FL 33525		
3.	. The mailing address (if different):3	3520 Lange Farm Rd., Dade City, FL 33525		
4.	Date of incorporation/qualification:0	9/05/2006 Document number: <u>P06000114878</u>		
5.	The name and street address of the currer Florida Department of State:	nt registered agent and registered office on file with the		
	Brent A. Jones			
	220 S. Franklin S	treet		
	Tampa, FL 3360			
6.	(if changed):	registered agent (if changed) and /or registered office		
	• • • • • • • • • • • • • • • • • • • •	tered Agent Services, LLC		
	1801 North High	land Avenue		
	Tampa, Florida 3	3602		
	The street address of its registered office an s changed will be identical.	d the street address of the business office of its registered agent,		
St by	ouch change was authorized by resolution of the board, or the corporation has been in (Signature of an officer or divertor)	Thomas W Longe Secry/Trai		
Ij of de ce	of my duties, and I am familiar with and a	ns of all statutes relative to the proper and complete performance accept the obligation of my position as registered agent. Of, if this change in the registered office address, I hereby confirm that the this change. API 6 2005 (Date)		
* * * FILING FEE: \$35.00 * * *				
	MAKE CHECKS PA	YABLE TO FLORIDA DEPARTMENT OF STATE		

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