

P08000067143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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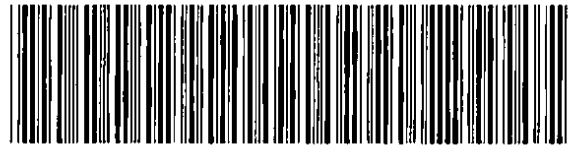
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Events & Logistics Management, Inc.
Name of Corporation

DOCUMENT NUMBER: P08000067143

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Karen McKenna

Name of Contact Person

Firm/Company

Events & Logistics Management, Inc.

Address

3123B Mary Street

City/State and Zip Code

Miami, FL 33133

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen McKenna

at (305) 586-2525
Name of Contact Person Area Code & Daytime Telephone Number

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

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Events & Logistics Management, Inc.
2. The principal office address: 3123B Mary Street, Miami FL 33133

3. The mailing address (if different): 3123B Mary Street, Miami FL 33133

4. Date of incorporation/qualification: 07/15/2008 Document number: 108000067143

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)

Noreen Roberts

8868 NW 177th Terrace

Miami, FL 33018

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Noreen Roberts

18826 NW 2nd Street

P.O. Box NOT acceptable

Pembroke Pines, FL 33029

The street address of its registered office and the street address of the business office of its registered 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.

Karen McKenna

Signature of an officer or director

Karen McKenna

Printed or typed name and title

I hereby 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 being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Noreen Roberts

Signature of Registered Agent

08/25/23

Date

If signing on behalf of an entity:

NOREEN ROBERTS

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