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Division of	Corporations	
SUBJECT:	WK Eve	
DOCUMENT NU	7.0.000	•
The enclosed States	ment of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all co	rrespondence concerning this matter	to the following:
	Kelly W Name of Cor	/eaver
WK Events, Inc. Firm/Company		
	7 11111 00	
	210 Oa	
	Add	ress
	New Smyrna Be	each, FL 32168 d Zip Code
	hti@hi-tov	orea com
_	bti@biztaxp E-mail address: (to be used for for	uture annual report notification)
	D man address. (to be ased for it	atare annual report nouneadon)
For further informa	tion concerning this matter, please c	all:
	Kelly Weaver	at (386) 937-4380
Nan	ne of Contact Person	at (386) 937-4380 Area Code & Daytime Telephone Number
Enclosed is a \$35.0	0 check made payable to the Depart	ment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32301

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	DIRECTOR RESIGNATION OR A CORPORATION ASSOCIATION ASSOCIATION AND SEE OF STATE OF
, Wayne James	, hereby resign as(Title)
of_ WK Events, Inc.	ne of Corporation)
PO900022752 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	

FILING FEE IS \$35.00

signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

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