

P10000021182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

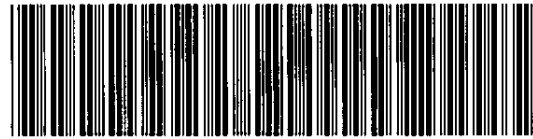
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts JUL 19 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Event Design and Services  
Name of Corporation

**DOCUMENT NUMBER:** P10000021182

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:

Miranda Roach  
Name of Contact Person

Event Design and Services  
Firm/Company

482 SW 9th St Ste 10  
Address

Boca Raton FL 33432  
City/State and Zip Code

eventdesignandservices@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miranda Roach at (561) 445-9192  
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  
Clifton Building  
2661 Executive 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: Event Design and Services, INC.  
2. The principal office address: 201 SW 7th St Ste 5  
Boca Raton FL 33432  
3. The mailing address (if different): PO BOX 14844  
Ft Lauderdale FL 33302  
4. Date of incorporation/qualification: 3/9/10 Document number: P100000021182  
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)

201 SW 7th St Ste 5  
Boca Raton FL 33432  
Miranda Roach

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

482 SW 9th St Ste 10  
Boca Raton FL 33432  
Miranda Roach

P.O. Box NOT acceptable

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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.

Miranda Roach  
Signature of an officer or director

Miranda Roach - co-founder  
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.

Miranda Roach  
Signature of Registered Agent

07/16/10  
Date

If signing on behalf of an entity:

Miranda Roach  
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