

P10000078877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

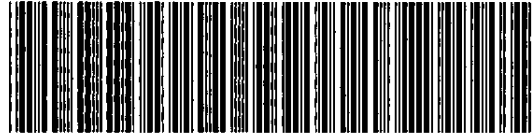
(Business Entity Name)

(Document Number)

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File Per Karen  
6:16 son 10/27/10

Re  
10/27/10  
TL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Memorable Experiences Event Planning Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P10000079877

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:

Tamika Miller-Wilkins  
Name of Contact Person

Memorable Experiences Event Planning Inc.  
Firm/Company

14235 N.W. 22 PLACE  
Address

OPA-LOKA, FL. 33054  
City/State and Zip Code

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

For further information concerning this matter, please call:

Tamika Miller-Wilkins at 986 412-0206  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2010

TAMIKA MILLER-WIGGINS  
14235 NW 22 PL  
OPA=LOCKA, FL 33054

SUBJECT: MEMORABLE EXPERIENCES EVENT PLANNING INC.  
Ref. Number: P10000078877

We have received your document for MEMORABLE EXPERIENCES EVENT PLANNING INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have an officer or director sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 110A00023771

**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: Memorable Experiences Event Planning Inc.  
2. The principal office address: 14235 N.W. 22 PLACE OPA-LOUKA, FL 33054  
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 9/29/2010 Document number: P10000078877  
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)

Tamika Wiggins  
9741 DUNHILL DRIVE  
MIRAMAR, FL 33025

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

Tamika Miller-Wiggins  
14235 N.W. 22 PLACE  
P.O. Box NOT acceptable  
OPA-LOUKA, FL 33054

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.

[Signature] [Signature]  
Signature of an officer or director 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.

[Signature] 9/29/10  
Signature of Registered Agent Date

If signing on behalf of an entity:

Tamika Miller-Wiggins  
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  
CR2E045 (8/05)