

P1100000000832

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : SEZLEGAL, LLC  
Account Number : 120140000033  
Phone : (904) 685-9321  
Fax Number : (904) 567-1066

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: matt@rockwayexhibits.com

REGISTERED AGENT CHANGE  
EXPOSITION SALES & DESIGN ORLANDO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Exposition Sales & Design Orlando, Inc.  
Name of Corporation

DOCUMENT NUMBER: P11000000832

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:

J. David Jeans, Esq.

Name of Contact Person

RezLegal, LLC

Firm/Company

816 A1A North, Suite 204

Address

Ponte Vedra Beach, Florida 32082

City/State and Zip Code

matt@rockwayexhibits.com

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

For further information concerning this matter, please call:

J. David Jeans, Esq.

at ( 904 ) 638-1085

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

CR2E045 (04/13)

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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, 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: Exposition Sales & Design Orlando, Inc.
2. The principal office address: 4605 L.B. McLeod Road, Suite 700, Orlando, FL 32811
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/11/2011 Document number: P11000000832
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)

Paul Conway

4605 L.B. McLeod Rd, 700

Orlando, FL 32811

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

Matthew D. Kleinrock

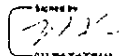
4605 L.B. McLeod Road, Suite 700

P.O. Box NOT acceptable

Orlando, FL 32811

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.

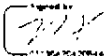


Signature of an officer or director

Matthew D. Kleinrock, President and CEO

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 the 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 of Registered Agent

2/6/2025

Date

If signing on behalf of an entity:

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

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