P11000040709

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
epecial mendencia to 1 ming emeci.

Office Use Only



500180710555

12 FEB 24 ATT 10: 22

02/24/12-01047-006 **35.00

PA-NG S

COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: TURN Z EVENTS (Name of Corporation)
DOCUMENT NUMBER:
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:
(Name of Contact Person)
Firm/Company)
Nesu College Pluny (Address)
Gulf Breeze FL 32563 (City/State and Zip Code)
For further information concerning this matter, please call:
William Younce at (719) 330-2353 (Name of Contact Person) (Area Code & Daytime Telephone Number)

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

MECTIVED

11 DEC 12 PM 8: 12

THE RESTANCE OF THE STANCE O

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



January 31, 2012

WILLIAM R. YOUNCE TURN 2 EVENTS INC. 1636 COLLEGE PARKWAY GULF BREEZE, FL 32563

SUBJECT: TURN 2 EVENTS INC. Ref. Number: P11000040709

We have received your document for TURN 2 EVENTS INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the enclosed check for \$35.00 or a newly issued check with your corrected document.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 812A00003263

2 FEB 23 AM 9: 40

NEWSTER FLORIDA
ALLAHASSEE, FLORIDA

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 in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Torn Z Events	
2. The principal office address: 1636 College Pkug OULF Breeze FC 32563	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 28 April 2011 Document number: CP 575 A	
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)	
United States Corp Agents, LLC	
13302 winding Ock Ct., Suited To	
Tampe FL 36612	~
the state of the s	17.
William Younce 5m 2	
(P.O. Box NOT acceptable)	
6-1f Breeze FL 32563	
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 of 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 of Registered Agent) 19 FEB ZO12 (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *

CR2E045 (8/05)