

P110000054814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

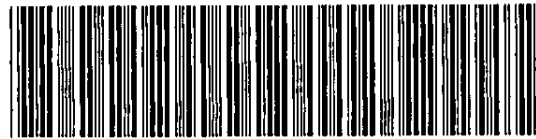
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 23 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change Address/ Name Correction
Name of Corporation

DOCUMENT NUMBER: P11000054814

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:

Diane Glanz

Name of Contact Person

L'Chaim Events Inc

Firm/Company

1985 South Ocean Dr. # 2K

Address

Hallandale, FL 33009

City/State and Zip Code

Info@l-chaim-events.com

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

For further information concerning this matter, please call:

Diane Glanz

Name of Contact Person

at **954 4398155**

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: L'Chaim Events Inc
2. The principal office address: 1985 South Ocean Dr. #2k
Hallandale, FI 33009
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/11/2011 Document number: P11000054814
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)

Diana Gladz

19501 West Country Club Dr # 2306

Aventura, FI 33180

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

Diane Glanz

1985 South Ocean Dr. # 2k, Hallandale, FI 33009

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.

Diane Glanz
Signature of an officer or director

Diane Glanz/ Owner

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.

Diane Glanz
Signature of Registered Agent

05/18/2012

Date

If signing on behalf of an entity:

Diana Glanz

Typed or Printed Name

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