

P13000022589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

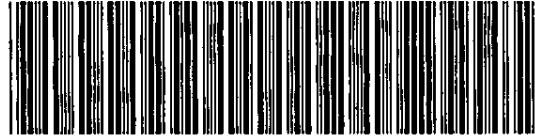
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600283652236

03/28/16--01020--019 **25.00

05/11/16--01017--007 **10.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY 10 PM 2:24

5-13-16
C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2016

PATRICE BUSHMAN / EVENTWRX, INC.
2775 NE 187TH STREET #117
AVENTURA, FL 33180 US

SUBJECT: EVENTWRX, INC.
Ref. Number: P13000022589

We have received your document for EVENTWRX, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 616A00006747

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Event Wrx, Inc.
Name of Corporation

DOCUMENT NUMBER: P13000022589

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:

Patrice Bushman
Name of Contact Person
Event Wrx, Inc.
Firm/Company
2775 N.E. 187th Street Apt #117
Address
Aventura FL 33186
City/State and Zip Code
Patricebushman@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrice Bushman at (305) 794-5559
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: Eventark, Inc.
2. The principal office address: 2775 N.E. 187th Street #117
Aventura, FL 33180
3. The mailing address (if different): Same ↑
4. Date of incorporation/qualification: _____ Document number: P13000022589

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)

Patrice Bushman
3564 Mayellan Circle Apt 314
Aventura, FL 33180

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

Patrice Bushman
2775 N.E. 187th Street Apt. # 117
Aventura, FL 33180
P.O. Box NOT acceptable

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY 10 PM 2:24

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 of an officer or director

Patrice Bushman
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]
Signature of Registered Agent

5/5/16
Date

If signing on behalf of an entity:
Patrice Bushman
Typed or Printed Name

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