P14 6000033375

| • |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|--------|---|--|
| SUBJ | ECT: EVENT ON EVENTS INC | |
| | (Name of Corporation (Name of Corporation) UMENT NUMBER: P1400003375 | on) |
| The e | nclosed Resignation of Registered Agent for a Corpora | tion and fee are submitted for filing. |
| Please | e return all correspondence concerning this matter to th | e following: |
| MA | NUEL PARES PADRON (Name of Person) | |
| FLO | RIDA CORPORATION REPORT INC | |
| 390 | (Name of Firm/Company) 00 NW 79TH AVE #324 | · · · · · · · · · · · · · · · · · · · |
| | (Address) | |
| DO | PRAL, FL 33166 (City/State and Zip Code) | |
| For fu | orther information concerning this matter, please call: | |
| MAN | (Name of Person) at (Area Code) | & Daytime Telephone Number) |

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, | | | |
|--|--|--|--|
| Florida Statutes, the undersigned, FLORIDA CORPORATION REPORT INC | | | |
| (Name of Registered Agent) | | | |
| hereby resigns as Registered Agent for EVENT ON EVENTS CORP | | | |
| (Name of Corporation) | | | |
| P1400003375 | | | |
| (Document Number, if known) | | | |
| A copy of this resignation was mailed to the above listed corporation at its last known address. | | | |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. | | | |
| Change of the state of the stat | | | |
| (Signature of Resigning Agent) | | | |
| If signing on behalf of an entity: | | | |
| MANUEL PARES PADRON 3 | | | |
| (Typed or Printed Name) | | | |
| PRESIDENT | | | |

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahussee, FL 32314

(Capacity)