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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: REM EVENTS INC. Name of Corporation
DOCUMENT NUMBER: P19000036140
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:
Rosa M. Prieto Name of Contact Person
Name of Contact Person
REM Events Inc.
14310 SW 8 street. # 941954
Miami Ft. 33194 Citý/State and Zip Code
remevents inc @yahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rosa M. Pareto at (786) 262-5301 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 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: REM EVENTS INC.
2. The principal office address: 14310 5ω 8 St. # 941954
Miami Fr. 33194
3. The mailing address (if different): P.O. Box 941954 Higmi, FL. 33194
4. Date of incorporation/qualification: 04/23/2019 Document number: P190000 361
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)
Prieto, Rosa M.
9050 SW 202 TERR.
Cutter Bay A. 33189
(if changed):
PRieto, Rosa M. 14310 SW 8 Street. #941954 8
Miami, FL 33/94
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 Rosq M. 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 Signature of Registered Agent
Signature of Registered Agent 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

CR2E045 (03/12)