

FILED



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

May 01 1998 8:00am
Secretary of State

1. Corporation Name
THE EVENT OF A LIFETIME, INC.

Principal Place of Business
3681 LUMBERJACK CIRCLE NORTH
JACKSONVILLE FL 32223

Mailing Address
11018-113 OLD ST AUGUSTINE RD
STE 162
JACKSONVILLE FL 32257
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/23/1996

4. FEI Number 59-3400709	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RAX CO.
C/O MAHONEY ADAMS & CRISER, P.A.
50 N. LAURA ST., 3400 BARNETT CENTER
JACKSONVILLE FL 32202

B1	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
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FL

85	Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, ROBERT DELMER	
STREET ADDRESS	3881 LUMBERJACK CIRCLE NORTH	
CITY - ST - ZIP	JACKSONVILLE FL 32223	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, ALISHA NICOLE	
STREET ADDRESS	3881 LUMBERJACK CIRCLE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32223	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1	TITLE
2.2	NAME
2.3	STREET ADDRESS
2.4	CITY - ST - ZIP

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST., ZIP

<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
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	Change		Addition
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<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
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	Change	Addition
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☐ Change ☐ Addition☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18, if changed, or on an attachment with an address.

SIGNATURE *Nicholas J. Smith* *Nicholas J. Smith* *477/10 (813) 765.1390*

CR2E034 (10/97)