## P/3000058306

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: EVENT USA Inc.  Name of Corporation
DOCUMENT NUMBER: \$ 130000 58306
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:
SIMON B. HOWELL  Name of Contact Person
HARDING XASSOCIATES TAX SERVICES, Inc.
Address  Address  AUBURNDALE FLOKIDA 33813-3439  City/State and Zip Code
AUBURNDALE FLOKIDA 33823-3439 City/State and Zin Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SIMON B. HOWELL at (863) 968-1010  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: Amendment Section Division of Corporations P.O. Box 6327  Tallaharana FL 32314  Street Address: Amendment Section Division of Corporations 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

in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation: EVENTI USA INC.  2. The principal office address: 227 YELLOW SHAP WARD MINE  DANIEN POLT FL 33837  3. The mailing address (if different):
2. The principal office address: 227 YELDW SHAPDRAGON DRIVE  DAVEN PORT FL 33837  3. The mailing address (if different):
3. The mailing address (if different):
4. Date of incorporation/qualification: 10 July 2013 Document number: P 130000 5830
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)
Shetel a WTRERA, P.A.
1840 SW 22ND ST. 4th FLOOR
MIAM1 FL 33145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
HARDING a ASSOCIATES TAX SERVICES, INC. 8 113, PONTOTOC PLAZA, AUBURNDANE FL. 33823 - 3439
113, PONTOTOC PLAZA, AUBURNDANE FL. 33823 - 3439
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
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 Date
If signing on behalf of an entity:
Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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