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Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE FT TRAVEL-MANAGEMENT, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L. Na	me of the limited liability company: FT TRAVEL-MA	ANAGEMENT, LLC	7	
2. (a)	One Greenway Plaza, Suite 800,	(b) One Gre	(h) One Greenway Plaza, Suite 800,	
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Houston, TX 77046	flouston	. TX 77046	
	10/24/2011	M110000	05316	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	CORPORATION SERVICE COMPANY			
	Registered Agent and Registered Office shown on the records of			
	Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS STREET	TILL 18 PH 4: 05 SECTIONS FALLAHASSECTOMOS		
	TALLAHASSEE, FI	32301	JUL 18 F	
(b)	C T Corporation System		SECTION 1	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	Z JUL 18 PH 4: 05	
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	Plantation, FI	33324		
the cha agent v was/wo the arti	imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registered off iability company, i of the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
	ture of a member or authorized representative of a member	Stephen Rums	Printed or typed name of signee	
I herei provisi the obl to mere notifice	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address. It in writing of this change. CT Corporation System	ree to act in this co e performance of n ied for in Chapter (hereby confirm th	anacity. I further agree to comply with the	
3y: Signatu	re of Registered Agent Michele Lamauna Assi	stant Secretary		

Division of Corporations • P.O. Box 6327 • Tallahassee, Ft. 32314 FH.ING FEE: \$25.00

To: