

P11000088293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

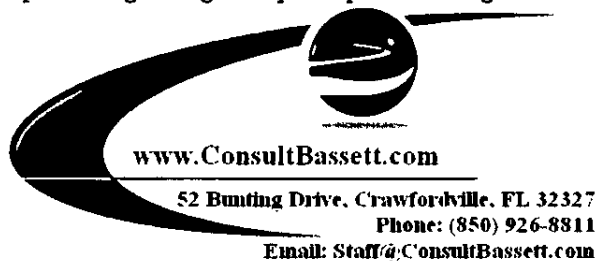
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature*

MAR 8 2012  
C. MUSTAIN

**Bassett Consulting, LLC**

"Specializing in Regulatory Compliance & Registration"



March 7, 2012

Florida Dept. of State  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: Change of Principal and Mailing address  
Change of Registered Agent office  
Change of Officer's address  
For Executive Travel Management Inc. - Document #: P11000088293**

To Whom It May Concern:

Our company represents our client **Executive Travel Management Inc.**, in matters of state regulatory compliance. Our client has requested that the **Principal and Mailing address, change the Registered Agent Office, and the officer's address** on their Florida corporate records to be changed from 1583 E. Silver Star Rd, Ocoee, FL 34761 to the new office location at:

**1985 Longwood Lake Mary Rd, Ste 1007  
Longwood, FL 32750**

This request comes through us from **Ron Barbaza, President** for the company. Our company appreciates your expeditious service and assistance in this regard. You may also contact me directly if you have any questions in this regard.

Sincerely,

Bill Bassett  
Senior Regulatory Consultant &  
Director of Marketing & Development  
Email: Bill@ConsultBassett.com  
Fax: (850) 926-3155

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** EXECUTIVE TRAVEL MANAGEMENT INC.

**DOCUMENT NUMBER:** P11000088293

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BILL BASSETT

Name of Contact Person

BASSETT CONSULTING, LLC

Firm/ Company

52 BUNTING DRIVE

Address

CRAWFORDVILLE, FL 32327

City/ State and Zip Code

STAFF@CONSULTBASSETT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BILL BASSETT

Name of Contact Person

at ( 850 ) 926-8811

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &  
Certificate of Status

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

\$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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

Articles of Amendment  
to  
Articles of Incorporation  
of

**EXECUTIVE TRAVEL MANAGEMENT INC.**

(Name of Corporation as currently filed with the Florida Dept. of State)

**P11000088293**

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)**

1985 LONGWOOD LAKE MARY RD, STE 1007

LONGWOOD, FL 32750

**C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)**

1985 LONGWOOD LAKE MARY RD, STE 1007

LONGWOOD, FL 32750

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent*

1985 LONGWOOD LAKE MARY RD, STE 1007

(Florida street address)

*New Registered Office Address:*

**LONGWOOD**

(City)

, Florida **32750**

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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TALLAHASSEE FLORIDA

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

Example:

Change                      PT      John Doe

Remove                      V        Mike Jones

Add                              SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> <u>Change</u> <input type="checkbox"/> <u>Add</u> <input type="checkbox"/> <u>Remove</u>	<u>P</u>	<u>RON BARBAZA</u>	<u>1985 LONGWOOD LAKE MARY RD, STE 1007</u> <u>LONGWOOD, FL 32750</u>
2) <input type="checkbox"/> <u>Change</u> <input type="checkbox"/> <u>Add</u> <input type="checkbox"/> <u>Remove</u>	_____	_____	_____
3) <input type="checkbox"/> <u>Change</u> <input type="checkbox"/> <u>Add</u> <input type="checkbox"/> <u>Remove</u>	_____	_____	_____
4) <input type="checkbox"/> <u>Change</u> <input type="checkbox"/> <u>Add</u> <input type="checkbox"/> <u>Remove</u>	_____	_____	_____
5) <input type="checkbox"/> <u>Change</u> <input type="checkbox"/> <u>Add</u> <input type="checkbox"/> <u>Remove</u>	_____	_____	_____
6) <input type="checkbox"/> <u>Change</u> <input type="checkbox"/> <u>Add</u> <input type="checkbox"/> <u>Remove</u>	_____	_____	_____



The date of each amendment(s) adoption: 2/20/12

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.


The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

“The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_”  
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 02/20/12

Signature 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

**RON BARBAZA**  
\_\_\_\_\_  
(Typed or printed name of person signing)

**PRESIDENT**  
\_\_\_\_\_  
(Title of person signing)