

P96000012045

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C.L.  
12-30-14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 18, 2014

JOEL GROSSMAN / TOURISM SOLUTIONS, INC.  
1010 SEMINOLE DR APT 601  
FT LAUDERDALE, FL 33304 US

SUBJECT: TOURISM SOLUTIONS, INC.  
Ref. Number: P96000012045

We have received your document for TOURISM SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 914A00026756

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tourism Solutions, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P96000012045

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:

Joel Grossman  
Name of Contact Person

*Rec'd 12/10/18  
check #1004  
\$35.00*

Tourism Solutions, Inc.  
Firm/Company

1010 Seminole Drive - Apt. 601  
Address

Fort Lauderdale, FL 33304  
City/State and Zip Code

joelgrossman@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Grossman at (954) 850-5060  
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  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
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: Tourism Solutions, Inc.

2. The principal office address: 1010 Seminole Drive - Apt. 601  
Fort Lauderdale, FL 33304

3. The mailing address (if different): (Same)

4. Date of incorporation/qualification: 2/5/1996 Document number: P96000012045

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)  
Alisa B. Farber  
9080 Ribbons Ridge Point  
Boynton Beach, FL 33473 } resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Joel Grossman  
1010 Seminole Drive - Apt. 601  
P.O. Box NOT acceptable  
Fort Lauderdale, FL 33304

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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.

X [Signature] VP  
Signature of an officer or director

Alisa B. Farber  
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.

X [Signature]  
Signature of Registered Agent

12-26-14  
Date

If signing on behalf of an entity:

Joel Grossman  
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