

P94000085143

Requester's Name



CP Franchising, Inc.  
3300 University Drive, Suite 602  
Coral Springs, FL 33065

000004787740--2  
-01/22/02--01041--012  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

02 JAN 22 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☒ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

**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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : CRUISE PLANNERS, INC.
2. The mailing address of the corporation : 3300 University Drive - Suite #602  
Coral Springs, FL 33065
3. Date of incorporation/qualification: 11/22/1994 Document number: P940000 85143
4. The name and address of the current registered agent and office:

Lynn Korn  
1278 N.W. 85<sup>th</sup> Terrace  
Coral Springs, FL 33071

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Lynn Korn  
5909 N.W. 126<sup>th</sup> Terrace  
Coral Springs, FL 33076

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.

Lynn Korn  
(Signature of an officer, chairman or vice chairman of the board)

1/17/02  
(Date)

Lynn Korn  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Lynn Korn  
(Signature of Registered Agent)

1/17/02  
(Date)

If signing on behalf of an entity:

LYNN KORN  
(Typed or Printed Name)

Corporate Officer  
(Capacity)

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

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