that my name appears above, or on an attachment with all other like empowered. 01/20/2017

SIGNATURE: JOANNE M. OYEN

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: LUXURY AND ADVENTURE TRAVEL CONSULTANTS LLC **Current Principal Place of Business:**

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

1720 NW 106TH TERRACE PEMBROKE PINES. FL 33026

DOCUMENT# L16000190763

Current Mailing Address:

1720 NW 106TH TERRACE PEMBROKE PINES. FL 33026

FEI Number: 81-5047404

Name and Address of Current Registered Agent:

OYEN, JOANNE M 1720 NW 106TH TERRACE PEMBROKE PINES, FL 33026 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR Name OYEN, JOANNE M Address 1720 NW 106TH TERRACE City-State-Zip: PEMBROKE PINES FL 33026

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

Certificate of Status Desired: Yes

FILED Jan 20, 2017 Secretary of State CC5298132005

Date

Date

OWNER