

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004732

**Entity Name:** SCE TRAVEL HOLDINGS, INC.**Current Principal Place of Business:**100 S. ASHLEY DRIVE, SUITE 2250  
TAMPA, FL 33602**Current Mailing Address:**100 S. ASHLEY DRIVE, SUITE 2250  
TAMPA, FL 33602 US**FEI Number:** 47-1429563**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 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\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                                 |
|-----------------|---------------------------------|
| Title           | C/P                             |
| Name            | GABRIELY, NIR                   |
| Address         | 100 S. ASHLEY DRIVE, SUITE 2250 |
| City-State-Zip: | TAMPA FL 33602                  |

|                 |                                 |
|-----------------|---------------------------------|
| Title           | VC/T                            |
| Name            | GREYSON, JAY K                  |
| Address         | 100 S. ASHLEY DRIVE, SUITE 2250 |
| City-State-Zip: | TAMPA FL 33602                  |

|                 |                                 |
|-----------------|---------------------------------|
| Title           | D/S                             |
| Name            | MILLER, JAMES C                 |
| Address         | 100 S. ASHLEY DRIVE, SUITE 2250 |
| City-State-Zip: | TAMPA FL 33602                  |

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NIR GABRIELY

VP

01/21/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date