

242021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

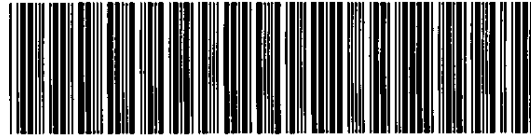
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Spoke with Stuart Butterfield on
4/21/17 to correct change of
Address on RA Form, which he approved.

ST

Office Use Only



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04/20/17--01013--010 **35.00

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APR 21 2017

R/A-CH

RECEIVED
TALLAHASSEE, FLORIDA

17 APR 20 PM 3:34

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kirsten Travel Agency Inc

Name of Corporation

DOCUMENT NUMBER: 242021

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:

Clewerton Fernando DaSilva

Name of Contact Person

Kirsten Travel Agency, Inc.

Firm/Company

66 West Flagler Street - 8th Floor

Address

Miami, FL 33130

City/State and Zip Code

fd@brickelltravel.com

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

For further information concerning this matter, please call:

Stuart Bufferd

Name of Contact Person

at (305) 856-8889

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: Kirsten Travel Agency, Inc.
2. The principal office address: 66 West Flagler Street - 8th Floor
Miami, FL 33130
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/8/1965/18/1966 Document number: 242021

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)

175 SW 7th Street Suite 1401
Miami, FL 33130

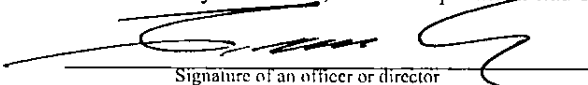
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

66 West Flagler Street - 8th Floor
Miami, FL 33130
P.O. Box NOT acceptable

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


Signature of an officer or director

Clewerton Fernando DaSilva, D
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.

Signature of Registered Agent

Date

If signing on behalf of an entity:

Clewerton Fernando DaSilva

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
CR2E045 (03/12)