

A010000000895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

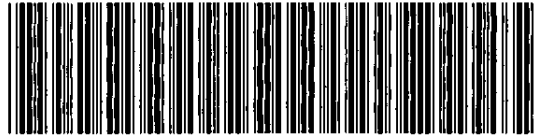
A01-895

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800112779388

12/26/07--01001--015 **10.00

12/06/07--01006--014 **25.00

FILED
07 DEC 26 AM 9:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DEC 27 2007

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

R.J.R. TRAVEL SERVICES L.P.
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER:

A01000000895

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

RIDA G. KALADA

(Contact Person)

RJR TRAVEL SERVICES

(Firm/Company)

13198 LOOKING GLASS FALLS LANE

(Address)

ORLANDO FL 32824

(City, State and Zip Code)

For further information concerning this matter, please call:

RIDA G. KALADA

(Name of Contact Person)

at (407) 240-7491

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS04 (01/06)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2007

RIDA G. KALADA
13198 LOOKING GLASS FALLS LANE
ORLANDO, FL 32824

SUBJECT: R.J.R. TRAVEL SERVICES, LIMITED PARTNERSHIP
Ref. Number: A01000000895

We have received your document for R.J.R. TRAVEL SERVICES, LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong form was completed. I am enclosing the proper form.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 507A00069124

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. RJR TRAVEL SERVICES L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. JULY 6, 2001
Date of filing/registration in Florida

3. A01000000895
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JAN ZWAAL
Name

14404 VERANO DR
Address

ORLANDO FL 32837
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

JAN ZWAAL
Name

13198 LOOKING GLASS FALLS LN
Florida street address (P.O. Box not acceptable)

ORLANDO FL 32824
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of General Partner

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 obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
07 DEC 26 AM 9:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA