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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 666777 4351991

AUTHORIZATION :

COST LIMIT : 85.00

*[Signature]*

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TALLAHASSEE, FLORIDA

ORDER DATE : December 14, 2006

ORDER TIME : 10:57 AM

ORDER NO. : 666777-505

CUSTOMER NO: 4351991

CHANGE OF AGENT

NAME: NAVIGANT INTERNATIONAL/SOUTH  
CENTRAL, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX            PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS: \_\_\_\_\_

**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. NAVIGANT INTERNATIONAL/SOUTH CENTRAL, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. December 26, 2001

Date of filing/registration in Florida

3. B01000000452

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:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee

FL 32301

City, State and Zip

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

Atlas Travel GP, Inc.

  
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 an accept the obligations of my position as registered agent.*

By:   
Signature of Registered Agent Michelle R. Vannoy, Asst. V.P.

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

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