Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000290080 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

: (850)205~8842

Fax Number : (850)878~5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE TVLY (FLORIDA) LP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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		TVLY (F	'LORIDA) I	P					
	Name of Limit	ed Partnership or L	imited Liab	lity Lim	ited Partner	ship	_		
2.	03/19/2004		3.		B0400	00000119			
_	Date of filing/registration	in Florida	rida			Florida document number			
_	The name of the registered age partment of State:	nt and the registere	d office add	ress as s	hown on the	e records of the Flor	ida		
		ORPORATION S	ERVICE CO	ΟΜΡΛΝ	Y				
	Name								
		Ad	dress			-			
		City, State and Zip							
5.	The name and Florida street ad	dress of the new re	gistered age	nt and/o	r office:	2 11.	DEC		
		C T Corpor	ation Syster	n			8		
		N	ame						
		1200 South Pi	ine Island R	oad		<u> </u>	:8 HH		
	Florida street address (P.O. Box not acceptable)								
		Plantation,		_FL_	33324	<u> </u>	<u></u>		
	A	City, Sta	ite and Zip	'		_			
6.	Such change(s) is/are effective	when filed by the l	Florida Depa	artment c	of State.				
	////		Jennifer	Kurz,	Manage	r of			
Sig	nature of General arrner		Traveloci	ty.com I	LLC, its Ge	eneral Partner			
con	ereby accept the appointment a nply with the provisions of all s I I am familiar with an accept t	tatutes relative to t	he proper a	nd comp	lete perforn	I further agree to nance of my duties,			
Sig	nature of Registered Agent	Alfred	Youn	an					
		Assistan			v				
Fii	ing Fee:	\$35.00			,				
	rtified Copy (optional):	\$52.50							