## F02000003354

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PICK-UP WAIT MAIL				
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SECRETARY OF STATE ALLAHASSEE. FLORIDA

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JUN 28 2018 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations Extraordinary Vacations USA, Inc Name of Corporation 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: William Kerby Name of Contact Person Extraordinary Vacations USA, Inc Firm/Company 2893 Executive Park Drive, Ste 201 Weston, FL 33331 City/State and Zip Code gmiller@nxoi.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jessy Miller Name of Contact Person 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

statement of cha	inge is submitted for a corpora	02, 617.0502, 607.1508, or 617.1508, Florida ation organized under the laws of the State of se or registered agent, or both, in the State of	Florida	
1. The name of t	the comoration: Extraordin	nary Vacations USA, Inc.		
2. The principal	office address: 2893 Exec	cutive Park Drive, Ste 201, West	ton FL 33331	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 7/1/2	2002 Document number: F0200	00003354	
	d street address of the current in the street address of the	registered agent and registered office on file w nter resigned)	vith the	
·	William, Kerby		-	
	2690 Weston Road,	Ste 200	_	
	Weston FL 33331			
6. The name and (if changed):	d street address of the new reg	sistered agent (if changed) and /or registered o	2018 JUN SECRET	J.
	Nexttrip Holdings, In	nc.	TARTIASS	
	2893 Executive Park	k Drive, Ste 201	1. E.	
	Weston FL 33331	P.O. Box NOT acceptable	2: 24 STAFE LORIDA	
The street address changed will	ess of its registered office and be identical.	d the street address of the business office of i	its registered agen	ıt,
Such change wa	as authorized by resolution di	uly adopted by its board of directors or by an as been notified in writing of the change.		
	3,14	William Kerby / CEO		
I hereby accept I further agree performance of agent. Or if th	to comply with the provisions my duties, and I am familiar is document is being filed me	Printed or typed name and to ed agent and agree to act in this capacity, is of all statutes relative to the proper and con- is with and accept the obligation of my position erely to reflect a change in the registered offi- in notified in writing of this change.	mplete on as registered	
Sig	gnature of Registered Agent	Date		
	chalf of an entity:			
William Ke	rby			
T	Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*