

FD4000001796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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APPROVED
AND
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13 NOV 14 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
NOV 19 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2013

LARRY FLYNN / ALL SEASONS TRAVEL & RESORT INC
4104 W. LINEBAUGH AVE.
TAMPA, FL 33624

SUBJECT: ALL SEASONS TRAVEL AND RESORT, INC.
Ref. Number: F04000001796

We have received your document for ALL SEASONS TRAVEL AND RESORT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You filled out the form for an alien business entity. Your company is a foreign corporation. Please fill out the enclosed form.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 513A00025191

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All Seasons Travel & Resort, Inc
Name of Corporation

DOCUMENT NUMBER: F04000001796

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:

Larry Flynn
Name of Contact Person

Firm/Company

10500 University Center Dr. Suite 180
Address

Tampa, FL 33612
City/State and Zip Code

LarryF@ASTAR.US
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Flynn at (813)
Name of Contact Person 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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: All seasons Travel + Resort Inc
2. The principal office address: 10500 University Center Dr, Suite 180
Tampa, FL 33612
3. The mailing address (if different): P.O. Box 659
Lutz, FL 33548
4. Date of incorporation/qualification: _____ Document number: FD4000001796
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)

Corporation Service Company (Resigned)
1201 Hays Street
Tallahassee, FL 32301-2525

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

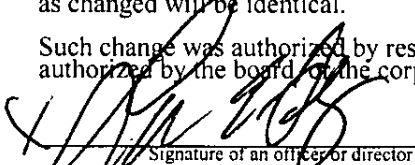
Larry Flynn
10500 University Center Dr., Suite 180
P.O. Box NOT acceptable
Tampa, FL 33612

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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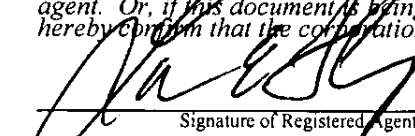
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the corporation has been notified in writing of the change.


Signature of an officer or director

Larry Flynn, president
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

Nov. 11, 2013
Date

If signing on behalf of an entity:

Larry Flynn
Typed or Printed Name

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