Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCAC00000023 Phone

: (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 LAST MINUTE TRANSACTIONS, INC.

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

JUL 25 2014 C. CARROTHERS

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this mge is submitted for a corporation organized under the laws of the State of $\frac{DE}{E}$	
•	er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: LAST MINUTE TRANSACTIONS, INC.	
• •	office address:	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 11/08/2907 Document number: F07000005545	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	NRAI SERVICES, INC.	
	1200 South Pine Island Road Plantation, FL 33324	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	C T Corporation System	
	c/o C T Corporation System, 1200 South Pine Island Road	2015 JI SECK
	P.O. Box NOT acceptable	7UL 2
	Plantation, Florida 33324	
The street address changed will	ess of its registered office and the street address of the business office of its registered a	
_	as Juthorized by resolution duly adopted by its board of directors or by an officer so he pour of the corporation has been notified in writing of the change.	
\mathcal{L}	Jennifer Kurz, Vice-President	,
- 11	ure of an officer or director Printed or typed name and title	
I furthéd dgrée performince of agent. Or. if th	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registere his document is being filed merely to reflect a change in the registered office address, I h that the corporation has been notified in writing of this change.	d
By: OT, Cor	rporation System 7/17/2014	
Sig	Alfred Younan Date	
If signing on be	ehalf of an entity: Assistant Secretary	
	·	
Ţ	Typed or Printed Name	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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