

FO7000006265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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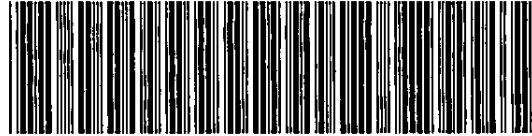
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 OCT - 6 PM 2:31

OCT 8 2015  
C LEWIS

## ***FILE REQUEST***

October 1, 2015

**FLORIDA - DEPARTMENT OF STATE  
ATTN: CORPORATE DEPARTMENT**

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<i>Type of Filing:</i>	<b>CHANGE OF REGISTERED AGENT</b>
<i>Subject:</i>	<b>ORBITZ FOR BUSINESS, INC.</b>
<i>Form(s) Enclosed:</i>	<b>STATEMENT OF CHANGE OF REGISTERED AGENT AND /OR OFFICE</b>

*Supporting Document(s):*

<i>Check(s) Enclosed:</i>	<b>CHECK \$35.00</b>
<i>Return Via:</i>	<b>REGULAR MAIL</b>
<i>Filing Method:</i>	<b>ROUTINE</b>

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***Please return to:***

***Cheryl Conklin  
Unisearch, Inc.  
1780 Barnes Blvd SW  
Tumwater, WA 98512  
360-956-9500 Ext: 103  
Fax: 360-956-9504  
cheryl.conklin@unisearch.com***

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Orbitz For Business, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F07000006265

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:

Cheryl Conklin

\_\_\_\_\_  
Name of Contact Person

Unisearch, Inc.

\_\_\_\_\_  
Firm/Company

1780 Barnes Blvd SW

\_\_\_\_\_  
Address

Tumwater, WA 98512

\_\_\_\_\_  
City/State and Zip Code

cheryl.conklin@unisearch.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Conklin

at ( 360 ) 956-9500

\_\_\_\_\_  
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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Orbitz For Business, Inc.
2. The principal office address: 500 W. Madison Street, Suite 1000, Chicago, IL 60661
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/24/2007 Document number: F07000006265
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

1201 Hays Street

Tallahassee, FL 32301

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

NRAI Services, Inc.


1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324


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, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Michael S. Marron, Vice 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.*

By:   
Signature of Registered Agent

10-2-15  
Date

If signing on behalf of an entity:

Cheryl Conklin - Asst. Secretary

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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DIVISION OF CORPORATIONS  
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