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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE :

976985

7846612

AUTHORIZATION

COST LIMIT

ORDER DATE: November 10, 2011

ORDER TIME : 10:12 AM

ORDER NO. : 976985-021

CUSTOMER NO: 7846612

## CHANGE OF AGENT

NAME:

KUONI DESTINATION MANAGEMENT

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware egistered agent, or both, in the State of Florida.
1. The name of	the corporation: KUONI DESTIN	NATION MANAGEMENT INC.
2. The principal c/o Alliedtp	office address:pro, 555 Washington Ave., Mian	mi Beach, FL 33139
	address (if different):dtpro, 500 Seventh Ave., 9th Fl,	New York, NY 10018
4. Date of incorp	poration/qualification: 02/19/2010	Document number: F10000000883
	I street address of the current registertment of State:	red agent and registered office on file with the
	Marc Haeni	
	Alliedtpro, 555 Washington A	v PECH T
	Miami Beach, FL 33139	ECHASSES E
6. The name and (if changed):	l street address of the new registered	agent (if changed) and /or registered office no STATE OF
	Corporation Service Company	
	1201 Hays Street	·
	(P.O. Box NOT acce	ptable)
	Tallahassee, FL 32301	
The street addre as changed will	ess of its registered office and the s be identical.	treet address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adne board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.
Y Magnatu	ire of an officer or director) affal	Maureen Cathell, Vice President (Printed or typed name and title)
l jurther agree t of my duties, an document is bei corporation has	to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change s been notified in writing of this cha	If and agree to act in this capacity. I statutes relative to the proper and complete performance to obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.
By: S	on Service Company	11/10/2011
	gnature of Registered Agent)	(Date)
If signing on be	half of an entity:	
Sylvia Queppe	et, Asst. Vice President	
(T	yped 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 \* \* \*