

F10000003375

Florida Department of State
Division of Corporations
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RE-SUBMIT

To: Division of Corporations
Fax Number : (850) 617-6380

Please retain original filing
date of submission 10/3

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
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
FAWKES TRAVEL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT -3 PM 2:51

Darlene

Attn: Connell

RECEIVED

12 OCT -5 AM 8:10

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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OCT - 8 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FAWKES TRAVEL, INC.
Name of Corporation

DOCUMENT NUMBER: F10000003375

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:

James Gorber
Name of Contact Person
WorldStrides
Firm/Company
218 West Water Street, Suite 400
Address
Charlottesville, VA 22902
City/State and Zip Code
christic@worldstrides.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christi Carel at 434 982-8610
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

CR28045 (03/12)

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

1. The name of the corporation: PAWKES TRAVEL, INC.
2. The principal office address: 50 FRANKLIN STREET, BOSTON, MA 02110
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/27/2010 Document number: F10000003375
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)

CORPORATE FILING SOLUTIONS, LLC

155 OFFICE PLAZA DRIVE, SUITE A

TALLAHASSEE FL 32301 US

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

CT Corporation System

c/o C T Corporation System, 1200 South Pine Island Road Plantation,

P.O. Box NOT acceptable

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.

James C. Gerber
Signature of an officer or director

James Gerber, CFO

Printed by **YORK HOUSE AND BIRM**

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]
Signature of Registered Agent

10/5/12
Date

If signing on behalf of an entity:

Mark Brinkman
Vice President and Assistant 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)

FL006 - 01/14/2012 Waiver Review Online

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