Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (850)222-1092 : (850)879-5368 Fax Number

**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 HURLEY TRAVEL EXPERTS, INC.

Certificate of Status	Ó
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OCT 2 9 2014

T. CARTER

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Corporate Filing Menu

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COVER LETTER

TQ: Amendment Section **Division of Corporations**

Hurley Travel Experts, Inc.
Name of Corporation

F11000004550

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:

Lisa M. Young

Name of Contact Person

Smith, Anderson, Blount, Dorsett, Mitchell & Jernigan, L.L.P.

Firm/Company

Wells Fargo Capitol Center, 150 Fayetteville Street, Suite 2300

Address

Raleigh, NC 27601

City/State and Zip Code

lyoung@smithlaw.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa M. Young

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Depurtment of State.

Malling 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

CRZE045 (03/12)

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu ange is submitted for a corporation organized under the laws of the State of Maint er to change its registered office or registered agent, or both, in the State of Florid	9	
1. The name of	the corporation: Hurley Travel Experts, Inc.		
2. The principa	office address: 6646 Willow Park Drive, Suite 5, Naples, FL 341	109	
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 11/10/2011 Document number: F1100000	4550	
5. The name an	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	c	
	William N Mitchell	7	SE
	2212 Kings Lake Blvd.	00	
	Naples, FL 34112.	OCT 28	RETARY (
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		AM IO:	SES.
	C T Corporation System	02	TATE ORIO/
	1200 South Pine Island Road P.O. Box NOT acceptable		12
	Plantation, FL 33324		
The street address changed will	ess of its registered office and the street address of the business office of its registered.	stered agent,	
	as authorized by resolution duly adopted by its board of directors or by an office board, or the comporation has been notified in writing of the change.		
(JOHN COFFMAN, CFO		
,	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 my dulies, and Lam familiar with and accept the obligation of my position as re is document is being filed merely to reflect a change in the registered office addition that the corporation has been notified in writing of this change. Cotober 28, 2014	gistered ress, i	
	half of an entity:	-	
	ation System yed 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)