To: FL SOS Page 1 of 2 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:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 : (561)694-8107 Phone : (561)694-1639 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 TRAVELCLICK, INC.

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

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

statement of change is submitted J	nons 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this for a corporation organized under the laws of the State of Delaware gistered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation:	TRAVELCLICK, INC.	
2. The principal office address: 7 TIMES SQUARE 38TH FLOOR, NEW YORK, NY 1003		
3. The mailing address (if differen	nt):	
4. Date of incorporation/qualifica	tion: 03/15/2013 Document number: F13000001238	
5. The name and street address of Florida Department of State: (I	the current registered agent and registered office on file with the fresigned, enter resigned)	
C T CORPO	DRATION SYSTEM	23
1200 SOU	ITH PINE ISLAND ROAD	E K
PLANTAT	ION, FL 33324	3 AON
6. The name and street address of (if changed):	the new registered agent (if changed) and /or registered office	o. -20 -31
Corporate	Creations Network Inc.	<u>ئ</u> تەر
11380 Pros	sperity Farms Road #221E	ŗ
	P.O. Box NOT acceptable	
Palm Beac	h Gardens, FL 33410	
The street address of its registere as changed will be identical.	ed office and the street address of the business office of its registered ager	nt,
Such change was authorized by authorized by the board, or the co	esolution duly adopted by its board of directors or by an officer so orporation has been notified in writing of the change.	
Agonture of an other or direc	Caitlin Lazarus, Attorney-in-Fact	-
	as registered agent and agree to act in this capacity. e provisions of all statutes relative to the proper and complete am familiar with and accept the obligation of my position as registered ing filed merciy to reflect a change in the registered office address. I tion has been notified in writing of this change.	
	11/26/2018	
Signature at Registered Ag	cent Date	
If signing on behalf of an entity:		
Caitlin Lazarus, Specia	d Secretary	
	* * * FUANG FEE: \$35.00 * * *	
• •	and the same and the course of the same arrange on the same	

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