

FI30000001927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

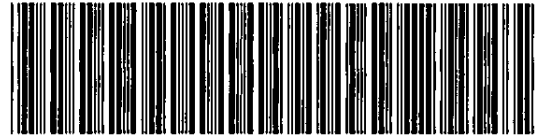
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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@ 2.18.14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Semont Travel, Inc., dba Travco
Name of Corporation

DOCUMENT NUMBER: STATE ID 3162415

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:

Paul Coleman

Name of Contact Person

Semont Travel, Inc. dba Travco

Firm/Company

18 6th Street North

Address

Great Falls, MT 59401

City/State and Zip Code

^{Suntel}
paul@sutvl.com

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

For further information concerning this matter, please call:

Paul Coleman

Name of Contact Person

at **915 747-3070**

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

1. The name of the corporation: Semont Travel, Inc., dba Travco
2. The principal office address: 18 6th Street North
Great Falls, MT 59401
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/25/1990 5/03/2013 Document number: F13000001967
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):

Sondra Gibson Bacon

191 SE 20th Avenue #516

P.O. Box NOT acceptable

Deerfield Beach, FL 33441

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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

Paul J. Coleman, 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.


Signature of Registered Agent

2-11-14
Date

If signing on behalf of an entity:

Sondra Gibson Bacon

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)