## F 1500000681

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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 732116 8087058				
AUTHORIZATION: Spelle de man				
COST LIMIT : \$35/00				
ORDER DATE : June 8, 2022				
ORDER TIME : 12:50 PM				
ORDER NO. : 732116-105				
CUSTOMER NO: 8087058				
CHANGE OF AGENT				
NAME: RESORT TRAVEL & XCHANGE, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker				
EXAMINER'S INITIALS:				

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

statement of cha	nge is submitted for a corpe	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, or ation organized under the laws of the State of NV flice or registered agent, or both, in the State of Florida.	this
		RAVEL & XCHANGE, INC.	
2. The principal	office address: ONE VANC	E GAP ROAD, ASHEVILLE, NC 28805	
4. Date of incorp	oration/qualification: 02/1	9/2015 Document number: F15000000681	
5. The name and		nt registered agent and registered office on file with the	
	CORPORATE CREATIO	NS NETWORK INC.	£⊤ . 2022 JUN
	801 US HIGHWAY 1		
	NORTH PALM BEACH, I	FL 33408	<u>ω</u>
6. The name and (if changed):	street address of the new re	egistered agent (if changed) and /or registered office.	AM 8: 37
	1201 Hays Street		
	· · · · · · · · · · · · · · · · · · ·	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ss of its registered office a be identical.	and the street address of the business office of its register	red agent.
Such change wa authorized by th	s authorized by resolution e board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.	o
Jill Cilmi, Vice		Jill Cilmi, Vice President	
I further agree to of my duties, and document is being corporation has	o comply with the provisio	Printed or typed name and title red agent and agree to act in this capacity, ons of all statutes relative to the proper and complete percept the obligation of my position as registered agent, change in the registered office address. I hereby confirm this change.	rformance Or, if this m that the
•	. t-Kinby	06/10/2022	
Sign	nalf of an entity:	Date	
	Asst. Vice President ped or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*