F17000004133

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
$\square \square $				

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2021 NOY 10 AH 1:49

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2021

TRAVELJOLLY.COM, INC. 555 WINDERLEY PLACE SUITE 114 MAITLAND, FL 32751

SUBJECT: TRAVELJOLLY.COM, INC. Ref. Number: F17000004133

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FOREIGN PROFIT CORPORATION. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document. The name listed on the application must be identical to the name listed in the certificate of existence. The use of LTD must also contain the suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 021A00026270

www.sunbiz.org

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COVER LETTER

	Jołly.com, Inc.	e of Corporation	
DOCUMENT NU	MBER: F17000004133	·	
The enclosed Ame	ndment and fee are submitted for	filing.	
Please return all co	prrespondence concerning this ma	atter to the following:	
Bernard Kiesel			
	Name of Contact Person		
Travel Tourism Bo	pard Limited		
Firm/Company			
555 Winderley Pla	ee, Suite 114		
	Address		
Maitland, FL 3275	1		
	City/State and Zip Code		
bk@traveljolly.cor	11		
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	ition concerning this matter, plea	se call:	
Bernard Kiesel		407 677-104(
Name	e of Contact Person	Area Code & Daytim	e Telephone Number
Enclosed is a check	x for the following amount:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy	: □ \$52.50 Filing Fee. Certificate of Status & Certified Copy

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

2021 NOV 10 AH 8: 15

SECTION I

(1-3 MUST BE COMPLETED)

ECRETARY DUSTUT TALL/

F17000004133

(Document number of corporation (if known)

TravelJolly.com, Inc.

(Name of corporation as it appears on the records of the Department of State)

, Wyoming

3.09/15/2017

(Incorporated under laws of)

(Date authorized to do business in Florida)

SECTION II

(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? <u>August 19, 2021</u>

Travel Tourism Board, LTD Corporation 5.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida.	, enter alternate corporate	name adopted for the purp	ose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

<u>New Registered Office Address</u>:

(City)

, Florida_____ (Zip Code)

<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

• • • •

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	Name	Address	Type of Action
			Add
		<u></u>	Remove
			🗖 Add
			CRemove
			CRemove
	<u></u>		🗋 Add
			CRemove
	- <u></u>		🗆 Add
			CRemove
 Attached is a c of the applicati- under the laws 	ertificate or document of similar import, ev on to the Department of State, by the Secreta of which it is incorporated.	idencing the amendment, authenticated not i ry of State or other official having custody of	nore than 90 days prior to delivery corporate records in the jurisdiction
		Pel	
	(Signature of a director a receiver or other co	or, president or other officer - if in the hands urt appointed fiduciary, by that fiduciary)	of

TSERNARD KIESEE (Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

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CERTIFICATE OF NAME CHANGE

Current Name: Travel Tourism Board, LTD Old Name: TravelJolly.com, Inc.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **19th** day of **August**, **2021**



Filed Date: 08/19/2021

Edward

Secretary of State

By: Austin Stege