

F18 0000001040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

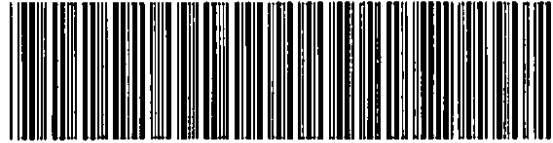
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/07/22--01013--006 **35.00

2022 JUL -7 PM 7:35

of 10/9/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANYTHING ELSE TRAVEL, INC.
Name of Corporation

DOCUMENT NUMBER: F18000001040

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 C BARRETT
Name of Contact Person
SOUTHERN CLOUD ACCOUNTING LLC
Firm/Company
14 LIVE OAK ST A-10
Address
GULF BREEZE, FL 32561
City/State and Zip Code

pbarrett@southerncloudaccounting.com

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

For further information concerning this matter, please call:

Paul C Barrett at (850) 208-3356
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 DELAWARE 6692496 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ANYTHING ELSE TRAVEL, INC.

2. The principal office address: 1701 N LOIS AVE # 401, TAMPA, FL 33607

3. The mailing address (if different): 1701 N LOIS AVE # 401, TAMPA, FL 33607

4. Date of incorporation/qualification: 03/01/2018 Document number: F1800001040

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)

LINDA MARY LOSSING - RESIGNED

1406 SEAGULL DRIVE 212

PALM HARBOR, FL 34685

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PAUL BARRETT

14 LIVE OAK ST A-10

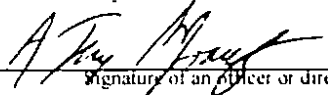
P.O. Box NOT acceptable

GULF BREEZE, FL 32561

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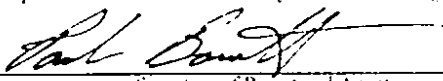
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

ALEXANDER MOORING - DPT
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

07/01/2022
Date

If signing on behalf of an entity:

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