F2000000281

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



100399345581

2022 DEC 22 AH 10: 538 DEC 22 PH 3: 29

2: 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO	. :	I2000000	195
	REFERENC	E :	234141	8058865
А	UTHORIZATIO	N :	Smell	Elman
	COST LIMI	т:	\$ 35.0.0	The sales
ORDER DATE : Dec	ember 12, 2	022		
ORDER TIME : 1:				
ORDER NO. : 234	141-010			
CUSTOMER NO:	8058865			
				
	CHANGE OF	AGEN	<u>r</u>	
NAMĖ.	TRAVELPERK :	AMPRT	TA TNC	
1771111.		MILLICIA	211, 1110.	
PLEASE RETURN THE	FOLLOWING :	AS PRO	OOF OF FIL	ING:
CERTIFIED	COPY			
XX PLAIN STA				
CONTACT PERSON:	Eyliena Bak	er		
	1	EXAMII	NER'S INIT	IALS:

Amendment Section Division of Corporations

COVER LETTER

TO:

SUBJECT: TRAVELPERK AMERICA, INC. Name of Corporation	
DOCUMENT NUMBER: F20000000281	
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Roy Hefer	
Name of Contact Person	
TRAVELPERK	
Firm/Company	
3415 S Sepulveda Blvd, Suite 1100	
Address	
Los Angeles/CA 90034	
City/State and Zip Code	
legal@travelperk.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, ple	ase call:
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	epartment of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassaa El 32314 2415 N Monroe Street Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

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

	half of an entity:				
I further agree to of my duties, and document is being corporation has	the appointment as registered agent of comply with the provisions of all stated I am familiar with and accept the one filed merely to reflect a change in been notified in writing of this change in Sarvice Company	tatutes relative to the proper and obligation of my position as regis the registered office address. I t	l complete pe stered avent.	Or. if.	this
Alvalians Marie of an officer of director		Printed or typed name			_
— DocuSigned by:		Abraham Meir	Presic	President	
Such change wa authorized by th	is authorized by resolution duly adop be board, or the corporation has been	ted by its board of directors or b notified in writing of the change	y an officer s	0	
-	ss of its registered office and the stre be identical.				ent,
	Tallahassee	FL 32301		: 53	
	1201 Hays Street	Box NOT acceptable		AH 10:	
	- <u>·</u> i.			10	
(If Changed).	Corporation Service Company			\sim	
6. The name and (if changed):	street address of the new registered ag	gent (if changed) and /or registere	ed office	2022 DEC	#t=
	ST PETERSBURG	FL 33702			
	7904 4TH ST N STE 300				
	REGISTERED AGENTS INC	-			
	I street address of the current registered timent of State: (If resigned, enter resigned)	~ -	ile with the		
4. Date of incorp	poration/qualification: 01/02/2013	Document number: F20)000000281		
3. The mailing a	ddress (if different):				
2. The principal	office address: 3415 S Sepulveda Blv	d, Suite 1100. Los Arigeles (CA	90034		_
1. The name of t	he corporation: TRAVELPERK AMER	id Suite 1100 Les Apades (CA	7 00034		_
		••	e oj i ioriaa.		
in orda	r to change its registered office or reg	istorad mant or both in the State	a of Florida		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

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City/State and Zip Code		
legal@travelperk.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, p		
Name of Contact Person	at () Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the I	Department of State.	
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee		
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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