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To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : LEGALINC CORPORATE SERVICES INC. Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** "Email Address:_

REGISTERED AGENT CHANGE ENTERTAINMENT TRAVEL, INC.

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S. PRATHER

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Help

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

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statute organized under the laws of the State of registered agent, or both, in the State of Florida			
1. The name of	the corporation: Entertainment Trav	rel, INC.			
2. The principal	office address: 783 Old Hickory Bo	ulevard, Suite 370W, Brentwood, TN, US, 37027			
<u> </u>					
3. The mailing a	address (if different):				
4. Date of incorporation/qualification: 4/19/2021 Document number: F210000024) 3		
	d street address of the current regist rtment of State: (If resigned, enter i	tered agent and registered office on file with the esigned)			
	DELLIBOVI, ROBERT				
	2301 COLLINS AVENUE #504				
	MIAMI BEACH, FL 33139		2021 JUL - 2		
6. The name an (if changed):	•	ed agent (if changed) and /or registered office	HASSES	JUL -2	
	LEGALINC CORPORATE SERV	ICES INC.	下。 下。	Aif	ţ
	5237 SUMMERLIN COMMONS BLVD, SUITE 400		基正		
	P.O Box NOT acceptable		j4.	07	
	FORT MYERS, FL, US, 33907				
The street addr as changed wil	ess of its registered office and the l be identical.	street address of the business office of its regis	stered ag	ent,	
	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by an office een notified in writing of the change.	T SO		
Nick Gold Nick Cold (fun 20, 2022)	o 54 CO1)	GOLD, NICHOLAS M.B.			
I hereby accept I further agree of my duties, at document is be	to comply with the provisions of a nd I am familiat with and accent t	Fruited or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete he obligation of my position as registered agen e in the registered office address. I hereby con hange.	ıt. Or. 11	this	
$\langle \rangle$	200-	6/28/2021			
Sig	enature of Registered Agent	Date		_	
lf signing on be	chalf of an entity:				
ANNA MANUI	KYAN				
	Evned 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 (04/13)