166655

(Re	equestor's Name)	_					
(Ad	ldress)						
. (Ac	ldress)						
(City/State/Zip/Phone #)							
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

RAMONDA SON

COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: BRITISH TOURIST IN C	,						
(Name of Corporation	on)						
DOCUMENT NUMBER: F 66655							
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.						
Please return all correspondence concerning this matter to the fo	ollowing:						
MICHAGL HAYES (Name of Contact Per							
(Name of Contact Per	son)						
BRITISH TOURUT, (Firm/Company)	INC.						
(Firm/Company)							
2331 GROVECREST (Address)	AVENUE						
PALM HARBOR, FLORIDA 34683 (City/State and Zip Code)							
For further information concerning this matter, please call:							
(Name of Contact Person) at (727 784-1303 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 Clifton Building 2661 Executive Center Circle						
	Tallahassee, FL 32301						

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

statement of char	nge is submitted fo	ons 607.0502, 617.050 or a corporation organ istered office or regist	iized under the laws	of the State of <u>F</u>	LORIDA	-
1. The name of the	he corporation:	BRITISH TO	SURIST, INC	4		
2. The principal of	office address:	2331 GROV				
	<u> </u>	PALM HAM	BOR, FLORIO	A 34683	**************************************	
3. The mailing ac	ddress (if different	t):				
4. Date of incorp	oration/qualificati	ion: 2/3 1982	Document nu	mber: <u>F666</u>	55	
5. The name and Florida Depart		the current registered a	gent and registered	office on file with	the	
	02101	woodbory	COURT			
	PEMBR	DKE PINES,	FLORIDA 3:	3026		
					07 SE TAL	
6. The name and (if changed):		the new registered age 4 ASC HAYS 11 GROVECO	S EST AVENUE	.	JUN I AH CKETARY OF LAHASSEE.J	
	PAU	(P.O. Box NOT acceptable		4883	7: 59 STATE FLORIDA	
The street addre	ess of its registere be identical.	d office and the street	address of the bus	iness office of its	registered ager	ıt,
Such change was authorized by the	as authorized by the board, or the co	resolution duly adopte orporation has been n	ed by its board of di otified in writing of	rectors or by an of the change.	officer so	
(Signatu	resti an officer or direct	tion		CTORIN (HAY ed or typed name and fit		regident
I furthér agrée t of my duties, an document is bei	to comply with th d I am familiar w ng filed merely to	as registered agent a e provisions of all sta vith and accept the ob o reflect a change in t writing of this change	tutes relative to the ligation of my posit he registered office	his capacity. proper and comp tion as registered address, I hereby	olete performar agent. Or, if to confirm that t	ice his he
	gnature of Registered A	gent)	-JUNE	7, 2007 (Date)		-
If signing on be	half of an entity:					
· (7	Evned or Printed Name					•

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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