## F85516

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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SECRETARY OF STATE OF STATE OF CORPORATIONS

OP APR 21 PM 1:49

OF STATE OF

C.COULLIETTE
APR 21 2339

EXAMINER



ACCOUNT NO. : I2000000195				
REFERENCE : 961969 7425546				
AUTHORIZATION: Spelle Rea				
COST LIMIT : \$ 35				
ORDER DATE : April 16, 2009				
ORDER TIME : 10:44 AM				
ORDER NO. : 961969-117				
CUSTOMER NO: 7425546				
CHANGE OF AGENT				
NAME: TIPPETT TRAVEL, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY				
CONTACT PERSON: Heather Chapman EXT# 2908				
EXAMINER:				

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

statement of cha	nge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida ered agent, or both, in the State of Florida.	_
1. The name of t	he corporation: TIPPETT TRAVE	L, INC.	
2. The principal 75240	office address: 5430 LBJ Freeway	, 3 Lincoln Center, Suite 1075, Dallas,	TX
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 06/18/1982	Document number: F85516	-
	street address of the current registered ag tment of State:	gent and registered office on file with the	
	CT Corporation System		
	1200 S. Pine Island Road		
	Plantation, FL 33324		<u> </u>
6. The name and (if changed):	street address of the new registered agen	at (if changed) and /or registered office	VISION OF CORPORA
	Corporation Service Company	2	OF CORPORE
	1201 Hays Street		<b>2</b> Red
	(P.O. Box NOT acceptable)		ري دن ع
ma	Tallahassee, FL 32301		
The street addre as changed will	ss of its registered office and the street a be identical.	address of the business office of its registered ager	at,
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officer so tified in writing of the change:	
Massa	re of an officer or director)	Maureen Cullen, Attorney in fact	_
of my duties, and document is beil corporation has	d I am Jamiliar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	d agree to act in this capacity. utes relative to the proper and complete performan gation of my position as registered agent. Or, if to e registered office address, I hereby confirm that to	ıce his he
By. By.	ion Service Company	4/20/09	
	half of an entity:	(Date)	-
	Vannoy, Assistant VP		

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 \* \* \*