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(((H09000002265 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

REGISTERED AGENT CHANGE

TRAVEL TURF, INC.

Certified Copy Page Count	92
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Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cho	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, th inge is submitted for a corporation organized under the laws of the State of <u>Delaware</u> ir to change its registered office or registered agent, or both, in the State of Florida.	iùs
1. The name of	the corporation: Travel Turf, Inc.	
2. The principal	office address: 7540 WINDSOR DR, STE 202, ALLENTOWN PA 18195	·
3. The mailing a	address (if different);	
4. Date of incor	poration/qualification: 07/29/1994 Document number: F94000003966	
	I street address of the current registered agent and registered office on file with the tunent of State:	•
	Christopher Higgins	09
	7500 Toscana Blvd., Unit 33)	至
	Orlando, FL 32819	6
 The name and (if changed); 	I street address of the new registered agent (if changed) and /or registered office	09 JAN -6 PM 3: 24
	C T Corporation System	24
	c/o C T Corporation System, 1200 South Pine Island Road	
	(P.O. Box NOT arcopuble) Plantation, Florida 33324	
The street address changed will	ess of its registered office and the street address of the business office of its registere be identical.	ed agent,
Such change we authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.)
-0	William Poole, Secretary (Printed or Oped name Esta (Mile)	
. +		
l hereby accept I further agree t of my duties, an document is bel corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete per d & am familiar with and accept the obligation of my position as registered agent. I neglical merely to reflect a change in the registered office address, I hereby confirm topen spotified in writing of this change.	formance Or, if this i that the
Ay:	CT Corporation System 115/09	
Ches.M	Check Entity:	
Assistant S	Secretary year 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
CR28045 (&05)

FL006 - 09/14/2005 C T System Chiline