

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of WI in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: ADELMAN TRAVEL SYSTEMS, INC.
2. The principal office address: 6980 N PORT WASHINGTON MILWAUKEE, WI 53217
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/11/1997 Document number: F97000001901

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
PERRETH, SANDI
1547 DALLAM AVE, NW PALM BAY, FL 32907

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director: Andy Pierce, Secretary

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Alfred Younan, C T Corporation System
Signature of Registered Agent
Date: 10/22/2019

If signing on behalf of an entity: Alfred Younan Assistant Secretary
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL 10: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR21E045 (03/12)

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STATE DEPARTMENT OF CORPORATIONS