10/22/2019 Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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-	Doing so will generate another cover sheet.	50 19
To:		0CT 22
	Division of Corporations	
	Fax Number : (850)617-6380	; N
From:		700m
	Account Name : C T CORPORATION SYSTEM	
	Account Number : FCA000000023	<u> </u>
	Phone : (614)280-3338	三 三 三 <u>電光</u> の
	Fax Number : (954)208-0845	æ. ∞
	the email address for this business entity to be use nual report mailings. Enter only one email address p	
Em	ail Address:	

ADELMAN TRAVEL SYSTEMS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$43.75

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

statement of ch	ne provisions of sections 007.0302, 617.0302, 607,1308, or 617.1308, Florida Statutes, the hange is submitted for a corporation organized under the laws of the State of Wilder to change its registered office or registered agent, or both, in the State of Florida.	is	
	of the corporation: ADELMAN TRAVEL SYSTEMS, INC.		
	oal office address: 6980 N PORT WASHINGTON MILWAUKEE, WI 53217		
3. The mailing:	g address (if different):		
4. Date of incor	prporation/qualification: 04/11/1997 Document number: F97000001901		-
5. The name and	nd street address of the current registered agent and registered office on file with the Chartment of State: (If resigned, enter resigned)	19 0	
	PERRETII, SANDI	0C T	
	1547 DALLAM AVE, NW PALM BAY, FL 32907	22 AM	
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office components of the new registered agent (if changed) and /or registered office components of the new registered agent (if changed) and /or registered of the components of the new registered agent (if changed) and /or registered of the components of the new registered agent (if changed) and /or registered of the components of the new registered agent (if changed) and /or registered of the components of the new registered agent (if changed) and /or registered of the components of the new registered agent (if changed) and /or registered of the components of the components of the new registered agent (if changed) and /or registered of the components of the comp	8: 5 8	
	c/o C T Corporation System, 1200 South Pine Island Road		
	P.O Box NOTacceptable Plantation, Florida 33324		
The street address changed will	ress of its registered office and the street address of the business office of its registered if be identical.	agent,	
Such change is a authorized by th	his hutherized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.		
\mathcal{L}	Andy Pierce, Secretary Frace of an other or director Princed or Specification and life		
hereby accept further cyree to sufarmance of agent. Or, if this sereby confirm	Wind 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 find duties, and familiar with and accept the obligation of any position as register, its document is being filled merely to reflect a change in the registered office address, if a the corporation has been notified in writing of this change.	ed.	
By: / Max	10/22/2019		
•	Alfred Younan Date		
t signing on bel	Assistant Secretary		
Ту	Typed or Printed Name		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314 CR2E045 (03/12)