484854

(R€	equestor's Name)	
(Ac	idress)	

(Ac	ddress)	
(Ci	ty/State/Zip/Phone	- #\
(0)	ty/State/Zip/Filone	z π)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
	<u>. — </u>	
Special Instructions to	Filing Officer:	
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Office Use Only



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OP APR 21 PM 2: 27



R.A. Change C.COULLIETTE

APR 21 2009

EXAMINER



Q	N SERVICE COMPANY.			
	ACCOUNT NO. : 12000000195			
	REFERENCE : 961969 7425546			
	AUTHORIZATION: Spelbole man			
	COST LIMIT : \$ 35.00			
	ORDER DATE : April 16, 2009			
	ORDER TIME : 10:04 AM			
	ORDER NO. : 961969-111			
	CUSTOMER NO: 7425546			
CHANGE OF AGENT NAME: MIDNIGHT SUN TOURS, 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 zed under the laws of the State of Florida	
.		red agent, or both, in the State of Florida.	
1. The name of t	the corporation: MIDNIGHT SUN	TOURS, INC.	
2. The principal	office address: 220 S. Dixie Highv	vay, Suite 2, Lake Worth, FL 33460	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 11/08/1985	Document number: H84854	
5. The name and	I street address of the current registered ag trnent of State:	ent and registered office on file with the	
	CT Corporation System	O ST	
	1200 S. Pine Island Road		
	Plantation, FL 33324	1 (if changed) and /or registered office.	
CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company			
	Corporation Service Company		
	1201 Hays Street		
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
The street addre	ess of its registered office and the street a be identical.	address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
Maur	tre of an officer or director)	Maureen Cullen, Attorney in fact (Printed or typed name and title)	
I hereby accept I further agree to of my duties, an document is bein corporation has	the appointment as registered agent and comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
By: V/	tion Service Company	4/20/09	
(Sig	mature of Registered Agent)	(Date)	
lf signing on be	half of an entity:		
	Vannoy, Assistant VP		
(1)	* * * FILING FE	F: \$35,00 * * *	
		er woosed	

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