## Requestor's Name

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CR2E031(1/95)

Examiner's Initials

## 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,
the undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.  1. The name of the corporation is: Royal Blue Travel Inc.
1. The name of the corporation is. Nagar Practice in the corporation is.
2. The mailing address of the corporation is: 225 Dania Beach Blvd., Suite 211
Dania, Florida, 33304, USA.
3. Date of incorporation/qualification: may 21 , 1987 Document number: J74117.
4. The name and address of the current registered agent and office:
Sharlene Brenkus
2200 W. Commercial Blvd., Ste. 309
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Sharlene Brenkus
225 Dania Beach Blvd., Suite 210 5
Dania, Florida, 33004, USA
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.
(Signature of an officer, chairman or vice chairman of the board)  (Date)
Sharlene Brenkus Secretary (Printed or typed name and tille)
(Printed or typed name and true) '  Having heen named as registered agent and to accept service of process for the above stated
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
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