

HERON PLAZA 2670 S. McCall Rd., Unit 2 Englewood, FL 34224

> (941) 475-7979 Fax (941) 474-6191 1-800-881-8828

To Florida Department of State, Division of Corporations P.O.Box 6327 Tallahassee FL 32314

welyn I fram president

70005189817--2 -04/03/02--01059--005 *****35.00 *****35.00

Along with my Application for change of agent and filing fee of \$35.00 I've enclosed a copy of the original change of agents which took place on September 14/2001 and filed on September 21/2001. Please contact me should you require further information.

Sincerely

Evelyn L. Green

Silver Wings Travel Inc.

02 APR -3 PM 1:1

AUTHORIZATION BY PHONE TO CORRECT BO

DATE

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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 <u>Florida</u>
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: Silver Wings Travel, INC.
2. TI II 21 C 2. TH
2. The mailing address of the corporation: 2670 Mc Call Rd. S. Swilett.
Englewood F1 34224
3. Date of incorporation/qualification: 01/17/89 Document number: K 58547
4. The name and address of the current registered agent and office:
Enelyn L. Green
7148 Brandywine dr. P. 8
ENalewood F1 34124 P3 =
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
Evelyn L. Green
2670 MCCall Bd S, SUITE #2 9 =
Englewood F1 34224
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.
authorized by the board.
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title)
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.
registered agent.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
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* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314