## 1030000 46562

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



April 6, 2005

FAYE FLEMMING PMB 536, 1460 GOLDEN GATE PARKWAY, #103 NAPLES, FL 34105

SUBJECT: TRAVELFARES INTERNATIONAL, LLC

Ref. Number: L03000046562

We have received your document for TRAVELFARES INTERNATIONAL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 505A00023452



## **COVER LETTER**

TO: Amendment Section Division of Corporations							
SUBJECT: TRAVECFARES INTERNATIONAC (Name of corporation)							
DOCUMENT NUMBER: 1030008 46562							
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
FAYE FLEMMING (Name of contact person)							
TRAVEL FARES INTERNATIONAL, LLC (Firm/Company)							
PMB 536, 1460 GOLDEN GATE PARKWAY # 103 (Address)							
NAPIES, FL. 34105 US (City/state and zip code)							
For further information concerning this matter, please call:							
(Name of contact person) at (850) 98/-3204 (Area code & daytime telephone number)							
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a \$35.00 check made payable to the Department of State.  Street Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32319							

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is: TRAUEC FARES INTERMATINGE

<ol><li>The mailing address</li></ol>	of the limited liability o	ompany is: 🔑	na 536, 1	460 606	PENGATE!	
1 102 NA	PLES FL 341	05		<u></u>		
•	•			<u>-1</u>		
11-2	1-03	1030000 46562				
3. Date of filing/registration in Florida		4.	Document numb			
5. The name of the regi Florida Department of	stered agent and the regi	stered office add	iress as shown on	the records o	f the	
/	corpora	Name	LE COMPA	wig .		
	1201 HI	945 51				
		Address  SEE FL  State and Zip	323=1	"	ev ≱l., Öer≓	
	City	, State and Zip	•			
6. The name and addre	ss of the new registered a	agent and/or offi	ce:		_	
	MARK	5,mms	Mail Sta	tion (I	)BA)	
		Name			Druy	
	53 ( ) * * * * * * * * * * * * * * * * * *	146	O GOLDEN	6 ATE. 6	,,,,	
	Florida street addre	ss (P.O. Box NC	T acceptable)			
	14,4,06.65	FC 34	(/65			
	City,	State and Zin		÷	· _ = #	
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confirmed that after the and the business office liability company, it is the members of the lim	ompany is not organized change or changes are rof the registered agent whereby confirmed that the ited liability company or to f the limited liability.	nade, the Florida vill be identical e change(s) was as otherwise pr	of the State of Float street address of Or, in the case of were authorized ovided in the article.	prida, it is here the registered fa Florida lim by an affirmat cles of organiz	by i office ited ive vote of ration or	
From Il	LLC	and de			_	
(Signature of a member or sut	horized representative of a memi	√€r)	Territoria de la composición dela composición de la composición dela composición dela composición dela composición de la composición de la composición dela composici	,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(Printed or typed name of sign	many bile p	consolit				
Sam was Sam	pointment as registered a lons of all statules relations of all statules relation and accept the obligation if this document is being that the limited liabil	agent and agree we to the proper ns of my position filed to merely ity company has	to act in this cape and complete per a as registered act reflect a change li been notified in t	ncip, letthe formance of he formance of he formance of he formance of this continue of this continue of the co	r Pree to	
(Signature of Registered Agen	1)			ł m~		
Divi	sion of Corporations, P	O. Box 6327, T	fallahassee, FL	32314 7	RIT	
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