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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0280

From:
Account Name : GREENSPOON MURDER, P.A.
Account Number : 076056003722
Phone : (954) 491-1120
Fax Number : (954) 343-6962

W04-12753

REGISTERED AGENT CHANGE

TRAVEL EXCHANGE, LLC

Certificate of Status	0
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Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS

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NO.302 P.2/2

JUL 21 2005 12:16PM

No 1934 P. 2

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

Pursuant to the provisions of sections 608.416 or 609.308, 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: Travel Exchange, LLC.
2. The mailing address of the limited liability company is: 14001 63rd Way North
Largo, FL 33760

3. Date of filing/registration in Florida

L04000012753

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Charles W. Gerdes

Name

770 Second Avenue South

Address

St. Petersburg, FL 33701

City, State and Zip

6. The name and address of the new registered agent and/or office:

Nicholas V. DelCorso

Name

Travel Exchange LLC

Florida street address (P.O. Box NOT acceptable)

14001 - 63rd way N.Clearwater, FL 33760

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Nicholas V. DelCorso
(Signature of a member or authorized representative of a member)

Nicholas V. DelCorso

(Printed or typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby affirm that the limited liability company has been notified in writing of this change.

Nicholas V. DelCorso
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

DORS:10/05

FILING FEE: \$25.00

05 JUL 2005 14:05:00