## Florida Department of State

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Account Number : 120000000241 : (407)843-5880 Phone Fax Number : (407)425-7905

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LLC REGISTERED AGENT CHANGE PROMOTIONAL TRAVEL, LLC

| Certificate of Status | 0       |
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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 605.0114 or 605.0116, 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. Name of the limited liability company:  | PROMOTIONAL TR  | RAVEL, LLC   |
|--|---|--|
| 2. (a) Principal office address of limited in (Note: MUST BE STREET A 7380 SAND LAKE ROAD, #5  | ability company:<br>(DDRESS)  | (b)  |
| ORLANDO, FLORIDA 32819   |   | ORLANDO, FLORIDA 32819   |
| 02/22/2005   |   | L05000017980   |
| <ol> <li>Date of filing/registration in</li> <li>(a) GANTT, ANGELA CPA</li> </ol>  | n Florida 4.  | Document number  |
| Registered Agent and Registered Office show  | wn on the records of the Florid<br>LORIDA STREET ADDRES   |  |
| 306 OCOEE-APOPKA RD, S   |   |  |
| OCOEE  | , <sub>FL</sub> 34761   | 1 72   |
| (b) HENDRY, STONER & BROW  | N, P.A.   | 15.  |
| Enter name of NEW Resistered Assent and 20 N. ORANGE AVENUE  | or NEW Registered Office at   | HASSE  |
| NEW Registered Office Address:   |   | The rough  |
| SUITE 600  |   | 62 <b>a</b>  |
| ORLANDO  | , FL 32801  | 1  |
| the change or changes are made, the Florida agent will be identical. Or, in the case of a was/were authorized by an affirmative vote the articles of organization or the operating | street address of the regification is street address of the regification of the members of the limited agreement of the limited of a member | ne State of Florida, it is hereby confirmed that after gistered office and the business office of the registered company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in dilability company.  FLAUIO ALVES DA COSTA  Printed or typed name of signce  set in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept a Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been |

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