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SECRETARY OF STATE
FALLAHASSEE PLOCALE

M. THOMAS

JUL 3 0 2008

EXAMINER

Toll Free (877) 894-9049 Voice (518)694-4414 Fax (518)694-4417

July 21, 2008

RE: CRUISE TRAVEL HOLDINGS, LLC

Corporation Records Bureau Division of Corporations Department of State P.O. Box 6327 Tallahassee, Florida 32301

To Whom It May Concern:

Enclosed please find a Change of Agent documents for the above entity please file it on a Routine basis and return a stamped copy as evidence of the filing to the address listed above via regular mail.

A check in the amount of \$25.00 is attached for the filing fee.

If you have any questions, please feel free to contact me at 1-877-894-9049 ext 17

Thank you.

Sincerely,

Dolores Burton

SECRETARY OF STATE.

Our ID # NATIO82322

JUL 23 AM

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	d liability company	is: Cruise T	ravel Holdings,	LLC	
2. The mailing address of	the limited liability	company is:	100 Sylvan Roa	nd, Suite 600	
Woburn, MA 01801				·	
7/11/2005		•	L0500006848	1	
3. Date of filing/registrati	on in Florida		4. Document nur	nber	
5. The name of the registe Florida Department of S	State:	-		on the records of the	
		orporation S Name	system		
	1200 Soi	uth Pine Isla	and Road		
Address Plantation, Fl 33324					
		ty, State and 2			
6. The name and address of	of the new registered	l agent and/or	office:		
	United Con	rporate Serv	vices, Inc.		
	9200 South D	Name adeland Bl	vd-Suite 508	Es 2	
•	Florida street address (P.O. Box NOT acceptable)				
·	Miami	FL	33156	08 JUL 23 SECRETARY MILAHASSER	
	City	, State and Zi	p	100 A	
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the limit or the operating agreemen (Signature of a member or authority)	lange or changes are the registered agent beby confirmed that lited liability compa t of the limited liabi	e made, the Fl will be ident the change(s) ny or as other lity company	orida street address cal. Or, in the case was/were authorize wise provided in th	Florida, it in the by of the registrated office of a Florida filmited, ed by an affirmative vote	
Donald C. Graff, Auth (Printed or typed name of signee)	norized Person		-		
Messael & 1	ntment as registered sof all statutes related accept the obligation is being that the limited liabed Michael A. Barr,	De d	gree to act in this co per and complete p sition as registered ely reflect a chang has been notified i	apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)