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SECRETARY OF STATE TALLAHASSEE, FLORID!

JAN 2 7 2015 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: International Tourism Managem	nent Services, LLC of Limited Liability Company		
- 1481116	of Littlifed Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
DerekHenson			
Name of Person			
International Tourism Managment Service	ces LLC		
Firm/Company			
3230 West Commercial Blvd Suite 280			
Address			
Fort Lauderdale,Florid 33309			
City/State and Zip Code			
documents@incorp.com			
E-mail address: (to be used for future annu-	al report notification)		
For further information concerning this matter, p	please call:		
Derek Henson	at () 625-3706		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Registration Section			
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following a	mount:		
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		
INHS18 (2/14)	~		

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.

	me of the limited liability company: Internation 3230 W. Commercial Blvd.			W. Commercial Blvd.		
(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y:	(B) <u>G255</u>	Mailing address of limited lia		
	Suite 280		Suite :	280		
	Ft. Lauderdale, FL 33309		Ft. La	uderdale	~	
	08/20/2008		L08000	0079805		
	Date of filing/registration in Florida	4	•	Document number		
(a)	JOHN P. GOSHGARIAN, P.A.					
,	Registered Agent and Registered Office shown on the reco	rds of the Fl	orida Dept. of	State:		
	3830 HOLLYWOOD BLVD. SUITE 106					5
	Registered Office Address (MUST BE FLORIDA STA	REET ADDI	(223)		رب م	Ē
					S	6 J
	Hollywood	. FL	33021		22	C
		_, ^{,,}			P	<u>.</u> .
)	InCorp Services, Inc.				ယ္	<u></u> -
	Enter name of NEW Registered Agent and/or NEW Regi	istered Offic	e address:		ပ္	H
	47000 07th Court North				σ.	OA
	17888 67th Court North NEW Registered Office Address:			_		
		_		_		
	Loxahatchee	FL	33470			
hi it W	imited liability company is not organized under tange or changes are made, the Florida street addrwill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memicles of organization or the operating agreement of the member of a member of a member of a member as registered agent are accept the appointment as registered agent and	ess of the ited liabili bers of the iimi	registered of ty company, a limited lial ited liability	ffice and the business office, it is hereby confirmed that bility company or as other company. Printed or typed name of a consciour. I further gares to	e of the regis t the change(vise provided	itere s) in
ere	ly accept the appointment as registered agent and consoft all statutes relative to the proper and con ligations of my position as registered agent as prefy reflect a change in the registered office address in fariting of this change. On behalf of In the first sheet Agent			603, F.S. Or, if this docu hat the limited liability con	npany has be	en