

LD9000025698

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

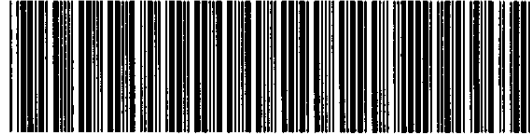
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATION  
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R.A/Rd/ch8  
@ 4.6.15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CTOCTRAVEL LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTINE LEEDS

Name of Person

CTOCTRAVEL LLC

Firm/Company

3942 S.W. ST LUCIE LANE

Address

PALM CITY, FL. 34990

City/State and Zip Code

CHRISTINE.LEEDS@PROTRAVELINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINE LEEDS

Name of Person

at ( 772 ) 631-9733

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 20, 2015

CHRISTINE LEEDS  
CTOCTRAVEL LLC  
3942 SW ST. LUCIE LANE  
PALM CITY, FL 34990

SUBJECT: CTOCTRAVEL LLC  
Ref. Number: L09000025698

We have received your document for CTOCTRAVEL 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 415A00005642

RECEIVED  
15 APR -6 PM 3:33  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: CTOCTRAVEL LLC
2. (a) 3942 SW ST LUCIE LN.  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
PALM CITY  
FL 34990
- (b) 3942 SW ST LUCIE LANE  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
PALM CITY  
FL 34990
3. 10/14/2010  
Date of filing/registration in Florida
4. L09000025698  
Document number
5. (a) THE COMPANY CORPORATION  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1201 HAYS ST  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
TALLAHASSEE, FL 32301  
, FL 32301
- (b) CHRISTINE LEEDS  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
3942 SW ST LUCIE LANE  
**NEW Registered Office Address:**  
PALM CITY, FL 34990  
, FL

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DIVISION OF CORPORATIONS  
2015 APR -6 PM 4:13

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.

Christine Leeds  
Signature of a member or authorized representative of a member

CHRISTINE LEEDS  
Printed or typed name of signee

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Christine Leeds  
Signature of Registered Agent