

L09000038250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

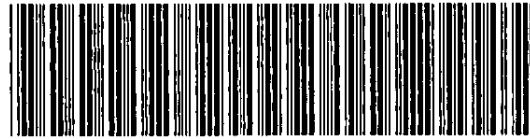
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000237821390

07/27/12--01028--004 **25.00

FILED
2012 JUL 27 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN
JUL 30 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alliance Tour & Travel LLC DBA; Alliance Sports Travel
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:

Karen L. Cowan
Name of Person

Alliance Tour & Travel LLC dba; Alliance Sports Travel
Firm/Company

6457 Hazeltine National Drive, Suite 145
Address

Orlando, FL 32822
City/State and Zip Code

karen@alliancesportstravel.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen L. Cowan at (407) 306-0506
Name of Person 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

FILED
2012 JUL 27 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Name of the limited liability company: Alliance Tour & Travel LLC ^{DBA; Alliance Sports Travel}

2. (a) Principal office address of limited liability company: 6457 Hazeltine National Drive

(Note: MUST BE STREET ADDRESS)

Suite 145
Orlando, FL 32822

(b) Mailing address of limited liability company: 6457 Hazeltine National Drive

(Note: MAY BE POST OFFICE BOX)

Suite 145
Orlando, FL 32822

04/21/2009
3. Date of filing/registration in Florida

L09000038250
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Karen L. Cowan

Registered Office Address: 6923 Narcoossee Road, Suite 613
Orlando, FL 32822

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

~~NEW~~ Registered Agent: Karen L. Cowan

NEW Registered Office Address: 6457 Hazeltine National Drive
(MUST BE FLORIDA STREET ADDRESS) Suite 145
Orlando, FL 32822

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.

Karen L. Cowan
Signature of a member or authorized representative of a member

Karen L. Cowan
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 608, 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.

Karen L. Cowan
Signature of Registered Agent

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

FILED
2012 JUL 27
TALLAHASSEE
STATE
SECRETARY