109000088208

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	• #)·
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne) .
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900181561349

06/21/10--01010--009 **25.00

2019 JUN 21 AM DO 51
SECRETARY OF STATE
ORIGINAL ASSESSED FOR THE PROPERTY OF STATE
OF STATE
OF STATE
OF STATE
OF STATE

T. CLINE

JUN 2 2 2010

EXAMINER

COVER LETTER

Division of Corporations	•		
SUBJECT: Cheap Travel S Name of Limited Liab	ervices, LLC.		
Name of Limited Liab	onity Company +COV V		
Dear Sir or Madam:	. 1 		
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
BRYAN Ingram. Name of Replon			
Cheap Travel Services,	Com. LLC.		
	TALL SEC		
630 SE 18th avenu	ECRETARY LLAHASSI		
Pompano Beach, Fla City/State and Zip Code	in a mo		
iglaia 20 @ yahoo. Com. E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Bryan Ingram at (951)	Area Code & Daytime Telephone Number		
Registration Section R Division of Corporations D Clifton Building P	IAILING ADDRESS: egistration Section vivision of Corporations O. Box 6327 allahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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: (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Enter name of NEW Registered Agent and/or NEW Registered Office addr **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 diability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member 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.

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

INHS18 (05/08)

Signature of Registered