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SECRETARY OF STATE
IVISION OF CORPORATIONS

T. HAMPTON
JUN -7 2010
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	·
	ernational Travel Ball, LLC.
Nam	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Register	ered Office Change and fee(s) are submitted for filing.
Please return all correspondence concer	rning this matter to the following:
Oscar A. Cortina	<u></u>
Name of Person	
International Travel Bal	I, LLC.
Firm/Company	
4726 Merlot Drive	<u> </u>
Address	
Viera, FL 32955	·
City/State and Zip Code	
jacob.oleson@internationaltr E-mail address: (to be used for future annual	avelball.com
For further information concerning this	matter, please call:
Oscar A. Cortina	at ( 321 ) 720-7084
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS	: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	,
Enclosed is a check for the fol	llowing amount:

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

## 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:in	ternational Travel Ball, LLC.				
2. (a) Principal office address of limited liability compar	z: 4726 Merlot Drive				
(Note: MUST BE STREET ADDRESS)	Viera, FL 32955				
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
November 23, 2009	L09000112870				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept.	of Stat	e:		
Registered Agent:	Oscar A. Cortina	_ಕ_	<u>S</u> S		
Registered Office Address:	4726 Merlot Drive		ORE D		
		ᆂ			
(1) For any of NEW Paristand Asset and for NI	TW Decisional Office address:	3	DRP OF S		
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	LW Registereu Office address.	- TI	RAT AT		
NEW Registered Agent:	Jacob Oleson	29	<u>o</u> m_		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4720 Chardonnay Drive		±5		
	Viera ,	FL <u>329</u>	955		
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 prembers of the limited liability company or as otherwise provided in the articles of organization or the ofference agreement of the limited liability company.  Signature of a member or authorized representative of a member					
Oscar A. Cortina Printed or typed name of signee	<u> </u>				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to n address of dereby confirm that the limited liability compa	agree to act in this capacity. I fi proper and complete performance position as registered agent as pr perely reflect a change in the regi ny has been notified in writing of	urther do of my ovided stered this ch	igree to duties, for in office iange.		

Signature of Registered Agent