L10000073862

(Reque	estor's Name)	·
(Addre	90)	
(Addre	55)	
(Addre	ess)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

. 🛰

Office Use Only



600392770296

2022 DEC 14 ATTO: 28

08/22/22--01013--023 **25.00

DEC 21 . S. Plaki

COVER LETTER

TO:	Registration Section Division of Corporations		
	·		
SUBJE	ECT: Whisper Travel LLC		
		Name of Limited L	iability Company
Dear Si	ir or Madam:		
The end	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to the	following:
Theodo	ore F DeSibio Jr		
	Name of Person		
Whispe	er Travel LLC		
	Firm/Company		
3080 W	alnut Grove Lane		<u></u>
	Address		
FL 339	920		_
	City/State and Zip Co	de	
ted@m	ywhispertravel.com		
E	-mail address: (to be used for future	annual report notif	ication)
For fur	ther information concerning this ma	tter, please call:	
Theodo	ore F DeSibio Jr	at (_954) 648-5145
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303
	Enclosed is a check for the follow	ving amount:	
	■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy

INHS18 (2/14)



December 1, 2022

WHISPER TRAVEL, LLC 3080 WALNUT GROVE LANE ALVA, FL 33920

SUBJECT: WHISPER TRAVEL, LLC

Ref. Number: L10000073862

We have received your document for WHISPER TRAVEL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6939.

Letter Number: 022A00026520

Stacy Prather Regulatory Specialist III

DEC 14 2022

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.

2. (a)		(b)			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	,	Mailing address of li (Note: MAY BE		
	3080 Wlanut Grove Lane		3080 Wla	nut Grove Lane		
	Alva, Fl. 33920		Alva. FL	33920	-	
	7/13/2010		1.10000073	3862		
3.	Date of filing/registration in Florida	4.		Document numb	oer	
5. (a)	Copywriting Services					
, ,	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of Sta	te:		
	Susana DeSibio					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_		
	43000 Greenway Blvd, Unit 141			_	~~	20
	Punta Gorda	FL 33928		_	•	2022 DEC
(b)	SUSANA DESIBLO Enter name of NEW Registered Agent and/or NEW Register	red Office add	iress:	_		14 4/10: 28
	NEW Registered Office Address:			_		Φ
	3080 Walnut Grove Lane			_		
	Alva	FL_33920		_		
change agent was/we the arti	mited liability company is not organized under the or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member class of organization or the operating agreement of the uncompared to the operating agreement of the control of a member of authorized representative of a member	he registere liability co s of the lim he limited li	d office ar mpany, it i ited liabili	nd the business of is hereby confirmity company or as inpany.	fice of the ed that the otherwise	registered change(s) provided in
provision the obli to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ely reflect a change in the registered office address, I'in writing of this change.	igree to act te performa ded for in C I hereby co	in this cap ince of my hapter 60, nfirm that	pacity. I further a duties, and I am j 5, F.S. Or, if this the limited liabili	gree to con familiar wi document ity compan	mply with th ith and acce is being file iy has been

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

Signature of Registered Agent