110000132430

Office Use Only

G. MCLEOD

APR - 5 2011

EXAMINER



200199789212

04/04/11--01017--002 **25.00

TI APR -4 PH 1:44
SECRETARY OF STATE

COVER LETTER

	**		COVER	LETTER
TO:	Registration Division of	n Section Corporations		
SUB.	JECT:	HEA	THROV	V TRAVEL, LLC.
		Name o	f Limited I	Liability Company
Dear	Sir or Madam	:		
The e	enclosed Regis	stered Agent/Registered	l Office Ch	nange and fee(s) are submitted for filing.
Pleas	e return all co	rrespondence concernir	ng this mat	ter to the following:
		SEBNEM ARAS Name of Person		·
	HEA	THROW TRAVEL, LL .Firm/Company	LC.	
	3575 W. LA	KE MARY BLVD., S	UITE:108	
			•	•
		KE MARY, FL 32746 City/State and Zip Code	<u> </u>	
		City/state and Zip Code		
I	INFO@ -mail address: (to	DHEATHROWTRVL. be used for future annual repor	COM rt notification)	
For fi	urther informa	tion concerning this ma	atter, please	e call:
	SEBI	NEM ARAS	at (800) 504-8789
	Name	of Person	(Arca Code & Daytime Telephone Number
	Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is	a check for the follow	ving amou	nt:
	\$25 Filin	g 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.

agein, or boin, in the state of 1 tortua.					
Name of the limited liability company:	HEATHROW TRAVEL, LLC.				
2. (a) Principal office address of limited liability con	npany: 3575 W. LAKE MARY BLVD.				
(Note: MUST BE STREET ADDRESS)	SUITE:108 LAKE MARY, FL 32746				
(b) Mailing address of limited liability company:	3575 W. LAKE MARY BLVD.				
(Note: MAY BE POST OFFICE BOX)	SUITE:108 LAKE MARY, FL 32746				
12/30/2010	L10000132430				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:				
Registered Agent:	M.STEWART AND COMPANY				
Registered Office Address:	1115 TIMBERLACHEN CIRCLE SUITE:1013 LAKE MARY, FL				
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office address 1				
<u>NEW</u> Registered Agent:	SEBNEM ARAS				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3575 W. LAKE MARY BLYB SUITE:108 LAKE MARY STILLING				
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. Signature of a member or authorized representative of a member					
SEBNEM ARAS					
Printed or typed name of signce					
I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of n Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to be proper and complete performance of my duties, my position as registered agent as provided for in a merely reflect a change in the registered office appay has been notified in writing of this change.				

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