

L110000161146

(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:

RA

Office Use Only

B. KOHR
APR - 4 2012
EXAMINER



200225132282

04/02/12--01005--025 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR - 2 AM 8:26

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Travel Smart Services Llc.
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:

Saul Rodriguez
Name of Person

Travel Smart Services
Firm/Company

2987 Vineland Rd.
Address

Kissimmee Fl. 34746
City/State and Zip Code

travelsmart55@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Saul Rodriguez at (407) 666-1244
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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR -2 AM 8:26

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: Travel Smart Services Llc.

2. (a) Principal office address of limited liability company: 415 Northlake Blv. # 1093

(Note: MUST BE STREET ADDRESS)

Altamonte Springs Fl. 32701

(b) Mailing address of limited liability company:

P.O. Box 772138 Orlando Fl. 32877

(Note: MAY BE POST OFFICE BOX)

09/02/2011

3. Date of filing/registration in Florida

L11000101146

4. Document number

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

Registered Agent:

Saul Rodriguez

Registered Office Address:

415 Northlake Blvd. # 1093
Altamonte Springs Fl.

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

NEW Registered Agent:

Saul Rodriguez

NEW Registered Office Address:

2987 Vineland Rd.

(MUST BE FLORIDA STREET ADDRESS)

Kissimmee, FL 34746

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

Saul Rodriguez

Printed or typed name of signer

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.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00