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. (Re	equestor's Name)		
(Ac	ddress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
MAY 2 9 2012			
L. SELLERS			

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SECRETARY OF STATE
JALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations		
SUBJECT: Resort	t Transfers International, LLC	
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
John Sadowski		
Name of Person		
Resort Transfers Internation Firm/Company	nal, LLC	
110 E. Granada Boulevard, Address	Ste 215	
Ormond Beach, Florida 3 City/State and Zip Code	32176	
john@resorttransfers.l	net	
For further information concerning this i		
John Sadowski	at (386) 868-8981	
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	

TO: Registration Section

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 compa	any: Resor	t Transfers International, LLC
2. (a) Principal office address of limited liability company:		110 E. Granada Blvd, Ste 215
(Note: MUST BE STREET A	ADDRESS)	Ormond Beach, Florida 32176
(b) Mailing address of limited liab	ility company:	PO Box 11515
(Note: MAY BE POST OFF)	ICE BOX)	Daytona Beach, FL 32120
Jan 2012		L12000003795
3. Date of filing/registration in Florida	a 4	4. Document number
5. (a) Registered Agent and Register	ed Office shown on t	he records of the Florida Dept. of State:
Registered Agent:		Kathleen R. Sadowski
Registered Office Address:		428 Pelican Bay Drive Daytona Beach, FL 32119
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		V Registered Office address: Jamison Paul 110 E. Granada Boulevard, STE 215
(Medi Bai Bonion Birdi	<u> </u>	Ormond Beach ,FL32176
confirmed that after the change or char and the business office of the registere liability company, it is hereby confirm of the members of the limited liability or the operating agreement of the limit. Signature of a member or althorized representative. John Sadowski Printed of typed name of signee.	nges are made, the Flord agent will be identified that the change(s) company or as otherwised liability company. The of a member and agent agent and agent	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by art affirmative vote wise provided in the articles of organization.

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