412000009024

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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A. LUNT

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EXAMINER

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ		R USA CANADA, LLC	
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning t	his matter to the following:	
	Pallan Katgara Name of Person	Person Person Promi C S Person There	到12配717
<u></u>	TOUR USA CANADA, LLC Firm/Company		17 PM
	6750 N. ANDREWS AVENUE, SUI	TE 200	91 K
	FT. LAUDERDALE, FL 33309 City/State and Zip Code)	
E.	pkatgara@gmail.com -mail address: (to be used for future annual report no	tification)	
For fu	orther information concerning this matte	r, please call:	
	Pallan Katgara Name of Person	at (561) 807 7920 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	g amount:	
	\$25 Filing 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.

1.	Name of the limited liability company:	TOUR USA CANADA, LLC		
2.	(a) Principal office address of limited liability compa	any: 6750 N. ANDREWS AVE		
	(Note: MUST BE STREET ADDRESS)	SUITE 200 FT. LAUDERDALE, FL 33309		
	(b) Mailing address of limited liability company:	6750 N. ANDREWS AVE		
	(Note: MAY BE POST OFFICE BOX)	SUITE 200 FT. LAUDERDALE, FL 33309		
	01/19/2012	L12000009024		
3.	Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Agent:	UNITED STATES CORP. ACCENTS, INC		
	Registered Office Address:	13302 WINDING TOAKE COURT SUITE A TAMPA FL 38612		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	NEW Registered Agent:	PALLAN KATGARA 3		
	<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6750 N. Andrews Ave suite 200 Ft. Lauderdale ,FL 33496		
CO	the limited liability company is not organized under the firmed that after the change or changes are made, the distribution of the registered agent will be identified to bility company, it is hereby confirmed that the change the members of the limited liability company or as of the operating agreement of the limited liability company.	ne laws of the State of Florida, it is hereby		
Sig	nature of a member or authorized representative of a member			
Pri	Pallan Katgara nted or typed name of signee	<u> </u>		
I i con an Ci ad	hereby accept the appointment as registered agent and mply with the provisions of all statutes relative to the dI am familiar with and accept the obligations of my apter 608, F.S. Or, if this document is being filed to dress, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.		

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