412000032733

(Re	questor's Name)	.				
(Address)						
(Address)						
(City/State/Zip/Phone #)						
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COVER LETTER

	egistration Section Division of Corporations					
SUBJEC	T: SUNBOUND	SROUP TRAVEL INTERNATIONAL, LLC Name of Limited Liability Company				
Dear Sir	or Madam:					
The enclo	osed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.				
Please re	turn all correspondence concern	ing this matter to the following:				
_ FR	Name of Person	(NEMAISON)				
SUNTOURS INTERNATIONAL Firm/Company						
	2 NE 2ND 57 # Address	<u> </u>				
	OCA RATON, FL 33 City/State and Zip C	432 Code				
	=JB263@GMILCO					
E-r	mail address: (to be used for futu	re annual report notification)				
For further information concerning this matter, please call:						
_FRI	Name of Person	at (at (
	STREET/COURIER ADDRES 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				

INHS18 (2/14)



October 9, 2017

SUNBOUND GROUP TRAVEL INTERNATIONAL LLC 102 NE 2ND ST #303 BOCA RATON, FL 33432

SUBJECT: SUNBOUND GROUP TRAVEL INTERNATIONAL LLC

Ref. Number: L12000032733

We have received your document for SUNBOUND GROUP TRAVEL INTERNATIONAL 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):

YOU NEED TO COMPLETE 5 (B)

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) 245-6051.

Letter Number: 617A00020358

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

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.

-1. Na	me of the limited liability company: SUNBOUND	GROUP	TRAV	EL INTERNA	DONAL, LLC
2. (a)		(b)			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)_	Ma	niling address of limit (Note: MAY BE PO)	ed liability company:
	2121 NORTH OCEAN BZVD \$140	<u>05</u> E _	102 1	NE 2ND ST.	4303
	BOZA RA-TON, FL 33431		BOCA	RATON,	~ 33432
	03/07/2012 Date of filing/registration in Florida		L 12	000032	733
3.	Date of filing/régistration in Florida	4.		Document number	.
5. (a)	Registered Agent and Registered Office shown on the records of the BONNEMALSON, T. T. Registered Office Address (MUST BE FLORIDA STREET A 401 MIZNER BLVD. #PH82 BOCA-RATON .FL Enter name of NEW Registered Agent and/or NEW Registered (MEW).	DDRESS) 3343 Office addre	2_		
	FRANCISCO T. BONNEHAISON NEW Registered Office Address:				9 &
	2121 NORTH OCCAN BLUD. H	14056	<u>></u>		
	BOTA RATON .FL	,			1
the cha agent v was/we the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agree	the registe ability complete limite limited liab	red office apany, it is ad liability compositive compositive capacitations are also appeared this capacitations.	and the business of hereby confirmed company or as of pany. Printed or typed name or type of the confirmed or typed name or type of the confirmed or type	office of the registered that the change(s) herwise provided in
the obtained to mere notified	ons of all statules relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	performand I for in Cha wreby conf	ce of my di apter 605, firm that th	uties, and I am fai F.S. Or, if this do ne limited liability	mitiar with and accept ocument is being filed ocompany has been
Signatu	me of Registored Agent				
	Division of Corporations ◆ P.O. B	3ox 6327•	Tallahass	ee, FL 32314	

FILING FEE: \$25.00