| LBOOD | 21213 |
|--|--|
| (Requestor's Name) (Address) (Address) | 100248594221 |
| (City/State/Zip/Phone #) | ; ; 06/10/1301009020 **25.00 |
| Certified Copies Certificates of Status | FILED 2013 JUN 10 AN 11: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Office Use Only | |
| | N. Cullison JUH 1 2000 |

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COVER LETTER

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TO: 'Registration Section Division of Corporations

SUBJECT: TOP HAT TRAVEL 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:

JONATHAN HOLLAR

Name of Person

TOP HAT TRAVEL SERVICES, LLC

Firm/Company

1100 LEE WAGENER BLVD. SUITE 301

Address

FORT. LAUDERDALE FL 33315

City/State and Zip Code

JONATHAN@TOPHATTRAVELSERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONATHAN HOLLAR at (561) 927-7217

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:

S25 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: TOP HAT TRAVEL SERVICES, LLC
- 2. (a) Principal office address of limited liability company: 1100 LEE WAGENER BOULEVARD

 (Note: MUST BE STREET ADDRESS)
 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

 02/11/13

 (a) Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX)
 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
 (c) LI3000021213
 <li(c) LI300021213
 <li(c) LI3000212

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

Registered Agent:

Registered Office Address:

| the records of the Florida Dept. of State: |
|---|
| United States Corporation |
| Agents, Inc |
| 13302 Winding Oak Ct. A Tampa, Fl. 33612 |

(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>:

NEW Registered Agent:

<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) JONATHAN HOLLAR

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

Printed or typed name of signee

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 further 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

INHS18 (05/08)