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SECRETARY OF STATE

JUL 1 20,3

COVER LETTER

	egistration Section vivision of Corporations				
eun irzy	FLORIDA TRAVEL SALES	AND REN	TALS, LLC		
SUBJEC	UBJECT: Name of Limited Liability Company				
Dear Sir c	or Madam:				
The enclo	osed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.		
Please ret	urn all correspondence concerning th	is matter to t	ne following:		
LUIS ES	SPINEL				
	Name of Person				
FLORID	DA TRAVEL SALES AND REN	ΓALS			
	Firm/Company				
668 Pla	ce St. Etienne				
	Address				
Covingt	on, La 70433				
	City/State and Zip Code	,			
luis@so	outhluxrealty.com				
E-m	ail address: (to be used for future and	nual report no	ilification)		
For furthe	er information concerning this matter.	please call:			
Luis Esp	pinel	504 at (723-0939		
	Name of Person		Area Code & Daytime Telephone Number		
R D C 26	TREET/COURIER ADDRESS: egistration Section division of Corporations difton Building 661 Executive Center Circle fallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314		
E	nclosed is a check for the following	amount:			
Ø	1 \$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 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	une of the limited liability company: FLORIDA	TRAVEL	SALES AI	ND RENTALS
2. (a)		(h))	
_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 668 PLACE ST. ETIENNE	
	1947 BOARDWALK DRIVE			
	MIRAMAR BEACH, FL 32550		COVING	GTON, LA 70433
	02/06/2014		L140000	20735
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
	Registered Agent and Registered Office shown on the record	ls of the Florida	i Dept, of Stat	6 1,55 1,55 1,55 1,55 1,55 1,55 1,55 1,55
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS	<u></u>	
	1947 BOARDWALK DRIVE			
	MIRAMAR BEACH	. FL 32550		FILED W 1:48
(b)				PRIOR TE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office ad	dress:	
	NEW Registered Office Address:			-
	35008 EMERALD COAST PARKWAY, S	SUITE 203		-
	DESTIN	, _{FL} 32541		_
the cha agent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the members of organization or the operating agreement of	ss of the regiced liability coers of the limited!	stered offic ompany, it i uited liabilit liability cor	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
Sional	ture of a njember or authorized representative of a member		IS F. ESP	Printed or typed name of signee
I herei provisi the ohl to mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address in writing of this change.	lete perform vided for in (ance of my Chapter 60:	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed

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

Signature of Registered Agent