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COVER LETTER

Division of Corporations	
	F AND TRAVEL C
Name of Limit	ed Liaomity Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Luis A. Rozalda Name of Person	VEZ
60 CRUISING AND TR	PAVEZLLC
i inib company	
<u>4340 SW 160 A</u>	VE
Address	
MIAMI FL 3318 City/State and Zip Code	R5
City/State and Zip Code	
COUISING AND TRAV E-mail address: (to be used for future annual report)	EL @ SMAIL. COM
_ name and the control of the contro	
For further information concerning this matter, please call	1 :
Luis A. RODRIGUEZ at (70	86, 512 4400
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:	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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.

1 101 100	1 Apriciana Tomas
1. Na	me of the limited liability company: 60 CRUISING AND TRAVEL LLC
2. (a)	4340 SW 160 AVE (b) 4340 SW 160 AVE
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33185 MIAMI FL 33185
	1
	APRIC 27, 2015 L 15000013871
3.	Date of filing/registration in Florida 4. Document number
5. (a)	CORPORATION SERVICE COMPANY
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	1201 HAYS STREET
	Registered Office Address (MUSP'BE FLORIDA STREET ADDRESS)
	TALLAHASSEE FL 32301
(b)	LUIS A. KODRIOUEZ
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	ORIE 2
	MAMI ,FL 33185
If the lin	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after uge or changes are made, the Florida street address of the registered office and the business office of the registered
agent w	Ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/wes	re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in eles of organization or the operating agreement of the limited liability company.
	wish Sodnany Wis A. RODRIWEZ
Signati	are of a member or authorized representative of a member Printed or typed name of signee
I hereb	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
the obli	results of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been
nonjieu	in string of this change.
	e of Registered Agent
Signatur	
	Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00