

L15000129574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

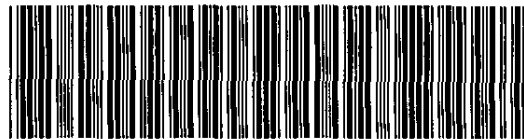
(Document Number)

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2016 SEP -6 AM 8:11  
TALLAHASSEE, FLORIDA

2016 SEP 22 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

K. SALY

SEP 23 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2016 SEP 22 PM 2:42  
TALLAHASSEE, FL 32314

September 12, 2016

SI TO TRAVEL, LLC  
MARIA SIMONA PETRONE  
1854 SE FALLON DR.  
PORT ST. LUCIE, FL 34983

SUBJECT: SI TO TRAVEL, LLC  
Ref. Number: L15000129574

We have received your document for SI TO TRAVEL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 316A00019321

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Si To Travel, 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:

Maria Simona Petrone

\_\_\_\_\_  
Name of Person

Si To Travel, LLC

\_\_\_\_\_  
Firm/Company

1854 SE Fallon Dr.

\_\_\_\_\_  
Address

Port Saint Lucie, FL 34983

\_\_\_\_\_  
City/State and Zip Code

Simona. Petrone@Avoyatravel.com

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

For further information concerning this matter, please call:

Maria Simona Petrone

at ( 772 ) 237-2120

\_\_\_\_\_  
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:**

☒ \$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. Name of the limited liability company: Si To Travel, LLC
2. (a) 1854 SE Fallon Dr.  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Port Saint Lucie, FL 34983
- (b) 1854 SE Fallon Dr.  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Port Saint Lucie, FL 34983
3. 07/29/2015  
Date of filing/registration in Florida
4. L15000129574  
Document number
5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Corporation Service Company  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1201 Hays St.  
Tallahassee, FL 32301
- (b) Maria Simona Petrone  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
  
NEW Registered Office Address:  
1854 SE Fallon Dr.  
Port Saint Lucie, FL 34983

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Maria Simona Petrone  
Signature of a member or authorized representative of a member

MARIA SIMONA PETRONE

Printed or typed name of signer

*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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Maria Simona Petrone  
Signature of Registered Agent