L15000171443

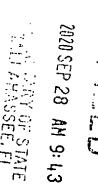
(Requestor's Name)				
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COVER LETTER

NHS18 (2/14)

CO: Registration Section Division of Corporations				
JBJECT: Kinsey Travel LLC Name of Limited Liability Company				
he enclosed Registered Agent/Registe	ered Office Char	ge and	fee(s) are submitted for filing.	
lease return all correspondence conce	rning this matter	to the f	following:	
Georgia Kinsey				
Name of Perso)11	•	_	
Kinsey Travel L	LC			
Firm/Company	y		_	
4801 Goldenview L	n			
Address		· · ·		
Lakeland, FL 33811				
City/State and Zip	Code		_	
Gkinsey@kinseytravel.com				
E-mail address: (to be used for fu			cation)	
or further information concerning this	matter, please o	all:		
Georgia Kinsey	at (623	680-4075	
Name of Person			Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the fo	llowing amoun	t:		
□ \$25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy	

TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

trsuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company bmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Na	me of the limited liability company: 4801 Goldenview Ln, Lakeland FL 33811		4801 Goldenview Ln, Lakeland FL 33811
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/08/2015		L15000171443
	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS, INC	4.	Document number
(a)	Registered Agent and Registered Office shown on the records of 5575 S. SEMORAN BLVD SIUTE 36, ORLANDO, FL		Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET		7020 SEP 2
(b)	JAMES KINSEY Enter name of NEW Registered Agent and/or NEW Registered		ASSEE S
	NEW Registered Office Address: 4801 GOLDENVIEW LN		
	LAKELAND . FI	33811	
inge ent v s/wc	mited liability company is not organized under the lar or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members of clys of organization or the operating agreement of the	registered ability corr of the limit	l office and the business office of the registered inpany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	lovina Minsu		GEORGIA KINSEY
igna	ure of member or authorized representative of a member		Printed or typed name of signee
visi obl nere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I have iting of this change.	ree to act in performan d for in Ch hereby con	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accep- apter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been
natú	one Kinsey of Registered Agent		

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