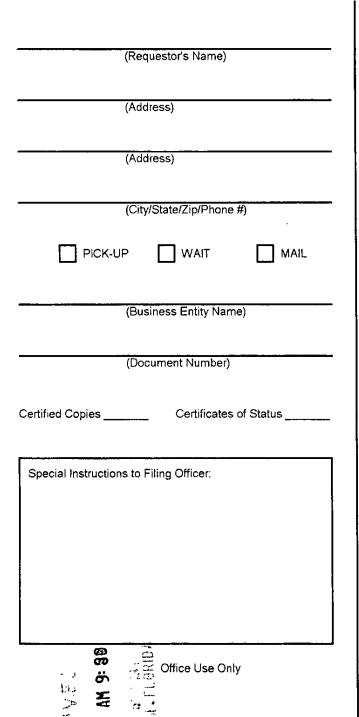
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SECHETARY OF STATE OF CORPORATIONS OF CORPORAT

M. MILLIGAN
OCT - 6 2017

COVER LETTER

Division of Corporations		
SUBJECT: C The World Name of Lim	TRAVE! LLC ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Michelle SANTOVITO Name of Person		
C The World TRAVE	el .	
7400 FAIRTAX DR Address		
TAMAJAC, 71, 3332		
City/State and Zip Code Michelle - SANTOVITO A AVI E-mail address: (to be used for future annual report	oya Network. Com	
For further information concerning this matter, please ca		
Michelle SANTOVITO at (9) 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	

INHS18 (2/14)

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.

Pioria	.
1. Na	me of the limited liability company: C The World TRAVE, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) [A Manaca FL 33321]
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	FI
(b)	Michelle SANTONITO Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	7400 FAIRFAX DE
	NEW Registered Office Address: [Amarac, 41. 3332]
	, FL
the cha agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
Signa	Michelle Santovia Unichelle Santovia Wichelle Santovia Printed or typed name of signee
provis: the obi to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change
M	d'in writing of this change of the second of

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

Signature of Registered Agent