L16 0000 12 681

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
[
Special Instructions to Filing Officer:						

Office Use Only



900356545749

12/21/20--01007--029 **25.00



FEB 0 5 2021

S. YOUNG

COVER LETTER

TO:

HS18 (2/14)

•	gistration Section vision of Corporations						
SUBJECT	CRUISE, TOUR, TRAVEL, LLC						
Some	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered Office C	hange at	nd fee(s) are submitted for filing.				
Please retur	rn all correspondence concerning this ma	tter to th	ne following:				
Leland H. 3	Talcott						
	Name of Person						
Law Office	of Leland H. Talcott, P.A.						
	Firm/Company						
2000 North	n Dixie Highway, Suite 201						
	Address						
Boca Rator	n, Florida 33431						
	City/State and Zip Code						
LTalcott@	Talcottlaw.com						
E-mai	il address: (to be used for future annual re	eport no	tification)				
For further	information concerning this matter, pleas	se call:					
Leland Tale	cott	561	409-3643				
-	Name of Person	(Area Code & Daytime Telephone Number				
Re Div P.C	ailing Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
En	closed is a check for the following amo	unt:					
• :	\$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.

l. Na	me of the limited liability company:	UR, TRA	VEL, LLC		
2. (a)	374 LAKEVIEW STREET		(b) 374 LAK	KEVIEW STREET	
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(s) <u></u>	Mailing address of limit (Note: MAY BE PO)	
	ORLANDO, FL 32804		ORLAND	OO, FL 32804	
	01/02/2018		L1600001	2681	
i. (a)	Date of filing/registration in Florida Jeannette T Candau	4.		Document number	
	Registered Agent and Registered Office shown on the records 374 LAKEVIEW STREET	of the Flor	ida Dept. of Sta	ate:	
	Registered Office Address (MUST BE FLORIDA STREE	red Office Address (MUST BE FLORIDA STREET ADDRESS)			£1.7 2020 DEC
(b) .	Orlando	FL_32804	1		.021
	Law Office of Leland H. Talcott, P.A.				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				7:
	2000 North Dixie Highway, Suite 201				
	NEW Registered Office Address:			_	
	Boca Raton	FL 3343	1	_	
hange igent v vas/we he arti	imited liability company is not organized under the or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the control of th	the registed I liability rs of the I he limite	ered office ar company, it imited liabili	nd the business office is hereby confirmed ty company or as oth mpany. andau	e of the registered that the change(s) nerwise provided in
-	ture of a member or authorized representative of a member			Printed or typed name	_
I here provisi he ohl o mere potified	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as proviely reflect a change in the registered office address, I in writing of this change.	agree to a de perfor ded for it I hereby	ict in this cap mance of my n Chapter 60, confirm that	pacity. I further agre duties, and I am fan 5, F.S. Or, if this do the limited liability	ee to comply with the niliar with and accept cument is being filed company has been
Signatu	re of Registered Agent				