116000 150080

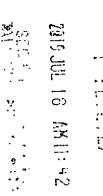
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
<u> </u>						

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations	,	•					
SUBJ	7 Cees Travel, LLC							
	Name of Limited Liability Company							
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered Off	fice Change	and fec(s) are submitted for filing.					
Please	return all correspondence concerning th	nis matter to	the following:					
Marle	ene Carrero							
	Name of Person		 _					
7 Ce	es Travel, LLC							
	Firm/Company							
527 (Dutlook Drive							
	Address							
Ponte	e Vedra. FL 32081							
	City/State and Zip Code							
tcarre	erojr@carrerolaw.com							
}	i-mail address: (to be used for future and	nual report n	otification)					
For fu	rther information concerning this matter	, please call:						
Thomas Carrero		941	, 875-5318					
•••	Name of Person	(Area Code & Daytime Telephone Number					
	Registration Section Redistration of Corporations Division of Corporations Division Building P.		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Enclosed is a check for the following	g amount:						
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

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

1. N	ame of the limited liability company: 7 Cees Trav	vel, LLC				
2. (a)	7 Cees Travel, LLC	(b)	7 Cees	fravel, LLC		
_, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(17)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1225 Tamiami Trail A10		1225 Tar	miami Trail A10		
	Port Charlotte, FL 33953		Port Cha	rlotte, FL 33953		
	August 11, 2016	L	.1600015	0080		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
, ,	Registered Agent and Registered Office shown on the records of	of the Florida [Dept. of State	:		
	Law Office of Thomas Carrero Jr. PA					
	Registered Office Address	T ADDRESS)				
	1225 Tamiami Trail A-10			第6 		
	Port Charlotte . F	33953		2819 JUL 18 18 11 11 2		
(b)	(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	and of Association and of Association	ea viillet, addi	: 631,			
				N		
	NEW Registered Office Address:	,	-			
	527 Outlook Drive					
	Ponte Vedra	_{FL} 32081				
the charge agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the large or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited cre authorized by an affirmative vote of the members cles of organization or the operating agreement of the accept the appointment as registered agent and agons of all statutes relative to the proper and completing ignious of my position as registered agent as provided to the proper of the proper in the change.	of the registe liability con s of the limit ne limited lia Marle	ered office npany, it is led liability ability com ene Carre	and the business office of the registere hereby confirmed that the change(s) company or as otherwise provided in pany. Pro Printed or typed name of signee		