## LICADE 16789

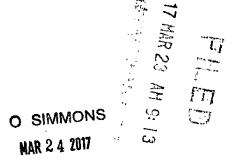
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Pac and Go Travel  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:
Connie Todd  Name of Person
Pacand Go Travel Firm/Company
A809 Buccaneer Or Address
Winter Park FL 32792 City/State and Zip Code
Parandanconnie a annual report notification)  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Connuct of David at (407) 961-0013  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 \$\square\$ \$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.

FL

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1. N	ame of the limited liability company: YOC AND GO TRAVE
2. (a)	2809 BUCCOPER Dr., Winterfalk, (b) 2809 BUCCOPER Or, Winter falk, Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	12-15-2016 Date of filing/registration in Florida  Patricia Wells  L16000216789 Document number
ν ( <del>υ</del> )	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  2809 BUCC CIPE OF,  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	Winter Park ,FL 32792  Connie J. Todd  Enter name of NEW Registered Agent and/or NEW Registered Office address:
	2809 Buccaneer Or  NEW Registered Office Address:
	Winter Park FL 32792
the cha agent was/w the art Signs I here provis the ob- to mer	dimited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange 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) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.  Printed or typed name of signee  by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations 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 din writing of this change.