117000073066

(Re	questor's Name)				
(Add	dress)				
(Add	dress)				
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL.			
(Bu	siness Entity Nar	me)			
(Do	cument Number)				
Certified Copies	Certified Copies Certificates of Status				
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COVER LETTER

	Registration Section Division of Corporations		-				
SUBJE	CT: It's A-Boat Time Travel Age	ncy					
3000	Name of Limited Liability Company						
Dear Si	r or Madam:						
The enc	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.				
Please r	return all correspondence concerning th	is matter to the	following:				
Ayann	na McBride						
	Name of Person						
lt's A-l	Boat Time Travel Agency						
	Firm/Company		_				
3845 (Crystal Dew St						
	Address						
Plant (City, Florida 33567						
	City/State and Zip Code						
aboatt	timetravel@gmail.com						
E-	mail address: (to be used for future and	nual report noti	fication)				
For furt	her information concerning this matter,	please call:					
Ayann	a McBride	813	586-3092				
	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	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 dlahassee, Florida 32314				
,	Enclosed is a check for the following	amount:					
i	\$25 Filing Fee	a \$	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.

. Na	me of the limited liability company: It's A-Boat Tie	ne Trav	el Agenc	У			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		l.	Mailing address of (Note: MAY BE	limited liabil POST OFF	ity con	ipany: <i>OX</i>)
	3845 Crystal Dew St						
	Plant City, FL 33567	_					
	03/31/2017		L170000	73066			
	Date of filing/registration in Florida	4.		Document nun	ıber		
(a)	Ayanna Kelly						
(4)	Registered Agent and Registered Office shown on the records of Ayanna Kelly	the Florida	Dept. of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS,</u>	ì	_			
	3845 Crystal Dew St			_		17	
	Plant City, FL	33567		-	医囊膜	17 DEC	
(b)	Ayanna McBride Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address:			-	RY OF STATE SSEELFLORIDA	12 AM 7: E4	;; ;;
e cha ent w as/we	"FL mited liability company is not organized under the lav nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited have the authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the the regis ability co	State of Flo tered office impany, it is ited liability	orida, it is herebe and the busine s hereby confirr y company or a	ess office oned that the	of the ine chai	registere nge(s)
U	Janua Williale	Aya	inna McB				
heret rovisione obli mere otified	The of a member or authorized representative of a member only accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I if the proper and complete is the registered of the change of this change.	nertormi	mee of my.	duties and Lan	agree to c	omply with a	nd accer