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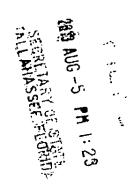
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(Address)
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COVER LETTER

ALL STATES TO LOS

TO:	Registration Section
	Division of Corporations

SUBJECT: Expect More Travel, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

The cholored Registered Agend Registered Office	. Change and ree(s) are submitted for fining.
Please return all correspondence concerning this i	matter to the following:
James Anderson	
Name of Person	
Expect More Travel, LLC	
Firm/Company	
109 Ambersweet Way Suite 272	
Address	
Davenport, FL 33897	
City/State and Zip Code	
jamesanderson@expectmoretravel.com	
E-mail address: (to be used for future annua	1 report notification)
For further information concerning this matter, pl	ease call:
James Anderson	863 397-2330
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	nount:

□ \$55 Filing Fee & Certified Copy

☎ \$25 Filing Fee

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.

400 4 1 418/ 0 1 070
(b) 109 Ambersweet Way Suite 272
Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Davenport, FL 33897
L17000170253
4. Document number
s of the Florida Dept. of State:
ET ADDRESS)
FL 33907
5
ered Office address:

FL 33897
laws of the State of Florida, it is hereby confirmed that afters of the registered office and the business office of the registed liability company, it is hereby confirmed that the change(see soft the limited liability company or as otherwise provided
the limited liability company. Sames La Sersen
rinted or typed name of signee agree to act in this capacity. I further agree to comply with ete performance of my duties, and I am familiar with and ac ided for in Chapter 605, F.S. Or, if this document is being f . I hereby confirm that the limited liability company has bee

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

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