

L17000 199102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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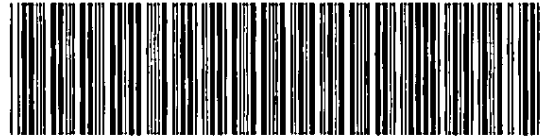
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Travel2ParadiseLLC
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:

Rhonda Haines
Name of Person

Travel2ParadiseLLC
Firm/Company

255 Commercial Blvd Suite 202
Address

Lauderdale By The Sea Florida 33308
City/State and Zip Code

rhondahaines0@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Haines at (954) 237-9025
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

☐ \$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.

1. Name of the limited liability company: Travel 2 Paradise LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Travel 2 Paradise LLC
255 Commercial Blvd Suite 202
Lauderdale BY The Sec. FL 33308

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

255 Commercial Blvd Suite 202
Lauderdale BY The Sec FL 33308

3. September 26, 2017 4. L17000199102
Date of filing/registration in Florida Document number

5. (a) Ronald Sales Rhonda Haines
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5880 NW 17th Pl #105
Sunrise Florida FL 33313

(b) Ronald Sales
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Ronald Sales
NEW Registered Office Address:

5880 NW 17th Pl #105
Sunrise FL FL 33313

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Rhonda Haines
Signature of a member or authorized representative of a member

Rhonda Haines
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Ronald Sales
Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA