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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:_

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

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LLC REGISTERED AGENT CHANGE GO TOUR TRAVEL LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $_{\mbox{\tt d}}$.

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.

i. Na	me of the limited liability company: Go Tour	Travel LLC		
2. (a)	2787 EAST OAKLAND PARK BLVD	(b) 2787 EAST OAKLAND PARK BLVD Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)		
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			
	SUITE 413	SUITE	SUITE 413	
	FORT LAUDERDALE, FL 33306	FORT	LAUDERDALE, FL 33306	
	06/12/18	L18000	0144594	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	UNITED STATES CORPORATION AGENTS	S, INC.		
5. (a)	Registered Agent and Registered Office shown on the records of		ate:	
	13302 WINDING OAK COURT			
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	_	
	Λ		Fig. 5	
	***************************************	22612		
	Tampa	33612		
	Registered Agents Inc.			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address.		
	7901 4th St N		LORI	
	NEW Registered Office Address.		- 60 - 01	
	STE 300		_	
	St. Petersburg ,FL	33702		
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered off ability company, i of the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mer natifie	by accept the appointment as registered agent and aging ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is spritting of this change. Bill Havre - Assistar	ree to act in this co e performance of m id for in Chapter of hereby confirm the nt Secretary	apacity. I further agree to comply with the with duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	