## Plorida Department of State Division of Corporations Diffection of Chiling Gover Street

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To: Division of Co	: Division of Corporations				
Fax Number : (850)617-6383					
From:					
	Account Name : REGISTERED AGENTS INC.				
Account Number : I20090000081					
	(307)200-2803 : (855)330-1010				
2020 JUL - 8 PH 3: 5	LLC REGISTERED AGENT CHANGE WORLD OF WONDER TRAVEL, LLC				
5020	Certificate of Status	0			
	Certified Copy	0			
	Page Count	02			
	Estimated Charge	\$25.00			

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

11

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. Na	ame of the limited liability company: World o	of Wo	onder Tr	avel, LLC	
2. (a)	8474 Island Palm Circle		(b) 8474 Island Palm Circle		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del> -	\ - /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Orlando, FL 32835		Orlando	, FL 32835	
	06/11/18		L18000	146187	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Incorp				
J. (a)	Registered Agent and Registered Office shown on the records	ee:			
	17888 67TH COURT NORTH				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	
	LOXAHATCHEE	FL_334	170		
	Registered Agents Inc.			<u></u>	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- າ ສ	
	7901 4th St N				
	NEW Registered Office Address:			- 2: ก8	
	STE 300			ප -	
	St. Petersburg	FL_337	702	_	
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of	s of the t d liabilit rs of the	egistered offic y company, it limited liabili	is hereby confirmed that the change(s) ty company or as otherwise provided in	
	Rilux Pol	_	Riley Park		
	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to mer notific	thy accept the appointment as registered agent and ions of all statutes relative to the proper and completed ions of my position as registered agent as provedy reflect a change in the registered office addressed in writing of this change.  Bill Havre - Assist	iete perjo vided for s, I herel	ormance of my in Chapter 60 by confirm that	sautes, and Fam Jamitar with and accepts. 15. F.S.: Or. if this document is being filed	

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

Signature of Registered Agent