

LI9 0000 925 21

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

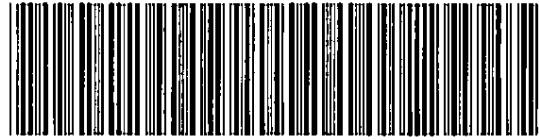
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Awana 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.

Please return all correspondence concerning this matter to the following:

Jimela Cush-Agard  
Name of Person

Awana Travel LLC  
Firm/Company

806 Perdido Heights Dr  
Address

WEST PALM BEACH, FL, 33413  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jimela Cush-Agard at (561) 803-5988  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Awana Travel LLC

2. (a) 806 Perdido Heights Dr (b) 806 Perdido Heights Dr  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

WEST PALM BEACH, FL WEST PALM BEACH, FL  
33413 33413

3. April 04 2019 4. L19000092821  
 Date of filing/registration in Florida Document number

5. (a) Jimela Cush - Agard  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1441 Windorah Way APT F  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

WEST PALM BEACH, FL 33411

(b) Jimela Cush - Agard  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
806 Perdido Heights Dr  
**NEW Registered Office Address**:

WEST PALM BEACH, FL 33413

FILED  
 2020 OCT -5 PM 4:34  
 Department of  
 State of Florida  
 Tallahassee, Florida

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.

\_\_\_\_\_  
 Signature of a member or authorized representative of a member 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.*

J. Cush - Agard  
 Signature of Registered Agent