## L20000164310

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
| (Address)                               |
| (1661666)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Business Entity Name)                  |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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## COVER LETTER

| O:      | Registration Section Division of Corporations | **                   |                               | 4 25               |
|---------|---|----------------------|-------------------------------|--------------------|
|         | ·   |                      | •                             |                    |
| 1381    | ECT: SUN TRAVEL SOLUTIONS L                   | LC                   | 0 -                           |                    |
| .013.3  | 3 +   | Name of Limited      | Liability Company             | <del></del>        |
| ear S   | Sir or Madam:                                 |                      |                               |                    |
| The er  | nclosed Registered Agent/Registered           | Office Change on     | d fee(s) are submitted for ti | ling               |
|         |   | •                    |                               | ····· <u>·····</u> |
| lease   | return all correspondence concernin           | g this matter to the | e following:                  |                    |
| Smett A | A. Minzner                                    |                      |                               |                    |
|         | Name of Person                                | <del></del>          |                               |                    |
|         |   |                      |                               |                    |
| UNI     | RAVEL SOLUTIONS LLC                           |                      |                               |                    |
|         | Firm/Company                                  |                      |                               |                    |
| ∙80 €   | ranleigh Drive                                |                      |                               |                    |
|         | Address                                       |                      |                               |                    |
| ınter   | Garden, FL 34787                              |                      |                               |                    |
| _       | City/State and Zip Co                         | de                   | _ <del></del>                 |                    |
| ninz    | men@yahoo.com                                 |                      |                               |                    |
| i       | E-mail address: (to be used for future        | annual report not    | ification)                    |                    |
| fu      | rther information concerning this ma          | tter, please call:   |                               |                    |
| 4 A     | A. Minzner                                    | 305<br>at (          | 431-2081                      |                    |
| _       | Name of Person                                | ai (                 | Area Code & Daytime           | l'elephone Number  |
|         | Mailing Address:                              |                      | Street Address:               |                    |
|         | Registration Section                          |                      | Registration Section          |                    |
|         | Division of Corporations                      |                      | Division of Corporat          | ions               |
|         | P.O. Box 6327                                 |                      | The Centre of Tallah          | assee              |
|         | Tallahassee, FL 32314                         |                      | 2415 N. Monroe Stre           | et, Suite 810      |
|         |   |                      | Tallahassee, FL 3230          | 13                 |
|         | Enclosed is a check for the follow            | ving amount:         |                               |                    |
|         | □ \$25 Filing Fee                             |                      | S55 Filing Fee & Certified (  | Conv               |
|         | 8 (2/14)                                      | _                    | soo . ming i ee te cemineti i | ~ ~! <i>!7</i>     |
| ,       | (1217)  |                      |                               |                    |

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

<sup>2</sup>ursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liability company ubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1)         | 1680 Cranleigh Drive  |                    | (b) 16           | 680 Cranleigh Drive   |
|------------|---|--------------------|------------------|---|
|            | Principal office address of limited fiability company:<br>(Note: MUST BE STREET ADDRESS)  |                    | _                | Mailing address of limited liability compan<br>(Note: MAY BE POST OFFICE BOX) |
|            | Winter Garden, FL 34787   |                    | w                | Vinter Garden, FL 34787   |
|            | June 15, 2020   |                    | L20              | 0000364310  |
|            | Date of filing/registration in Florida  | 4.                 | _                | Document number   |
| (a)        | Travis Crabtree, OBO, Legalcorp Solutions   |                    |                  |   |
| . ,        | 6 14 16 1607 1  |                    |                  | <del></del>   |
|            | Registered Agent and Registered Office shown on the records   | of the Flor        | ida D <b>e</b> j | ept, of State:  |
|            | 3440 West Hollywood Blvd Suite 415  | of the Flor        | ida Dep          | ept, of State:  |
|            | - •   |                    |                  | ept, of State:  |
|            | 3440 West Hollywood Blvd Suite 415 Registered Office Address  |                    |                  | ept. of State:  |
| <b>b</b> ) | 3440 West Hollywood Blvd Suite 415 Registered Office Address  | ľ ADDRE            |                  | ept. of State:  |
| b)         | 3440 West Hollywood Blvd Suite 415 Registered Office Address  | T.ADDRE<br>7133021 | SSi              |   |
| b)         | 3440 West Hollywood Blvd Suite 415  Registered Office Address   | T.ADDRE<br>7133021 | SSi              |   |
| b)         | 3440 West Hollywood Blvd Suite 415  Registered Office Address (MUST BE FLORIDA STREE  Hollywood  Brett A. Minzner, AMBR, Sun Travel Solutions  Enter name of NEW Registered Agent and or NEW Register | T.ADDRE<br>7133021 | SSi              |   |

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

gnature of a seember of authorized representative of a member

Brett A, Minzner

Printed or typed name of signee

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

iture of Registered Agent

Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

FILING FEE: \$25.00

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