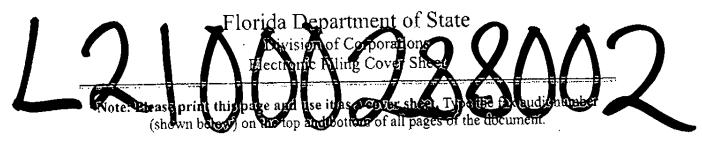
Division of Corporations



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From:

Account Name : L&R TAX SERVICES Account Number : 120240000013

: (407)810-8604

Fax Number

: (407)412-5068

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LLC REGISTERED AGENT CHANGE SANTINI TOURS LLC

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M. SOLOMON

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	,	COVER LE	TTER		
	gistration Section				
Div	vision of Corporations				
arin mea	SANTINI TOURS LLC				
SUBJECT	Name	e of Limited Lia	ibility Company		
Dear Sir or	Madam:				
The enclos	ed Registered Agent/Registered Offic	ce Change and f	ee(s) are submitted for filing.		
Please retu	rn all correspondence concerning this	s matter to the fo	ollowing:		
LINDA MA	aria hernandez saenz				
_	Name of Person			20	
SANTINI 1	FOURS LLC			2017 PDD	-
	Firm/Company			20.	i
				1 ****	1
1417 N SE	MORAN BLVD STE 107			==	
	Address			=	٠
ORLANDO	D, FL 32807			· -	
<u> </u>	City/State and Zip Code		_		
LANDRTA	XXSERVICE@GMAIL.COM				
E-m	ail address: (to be used for future ann	ual report notifi	cation)		
For furthe	r information concerning this matter,	please cail:			
LINDA M	ARIA HERNANDEZ SAENZ	407 at (634-8917		
	Name of Person		Area Code & Daytime Telephone Number		
R D P	Lailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
E	nclosed is a check for the following	amount:			
	S25 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.

ı Ma	me of the limited liability company: SANTINI TOUR	S LLC	
	1417 N SEMORAN BLVD ,ORLANDO, FL 32807	(b)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1417 N SEMORAN BLVD SUITE 107	(*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ORLANDO, FL 32807		
	06/22/2021	-	0000288002
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of MATRIX INTERNANTIONAL BUSINESS CONSULT Registered Office Address (MUST BE FLORIDA STREET	ING LLC	
	759 SW FEDERAL HIGHWAY STE 304		
	STUART, F	L	——————————————————————————————————————
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> LINDA MARIA HERNANDEZ SAENZ	d Office address	 ;
	NEW Registered Office Address:		
	1417 N SEMORAN BLVD SUITE 107		
	OPRLANDO , F	L	
chang agent was/w the ar	limited liability company is not organized under the lie or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the same of a member or authorized representative of a member eaby accept the appointment as registered agent and appoints of all statutes relative to the proper and completed in the proper and completed in the registered agent as provided in the registered office address, and the same of Registered Agent.	aws of the State registered of liability compa of the limited liabil	It is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. MARIA HERNANDEZ SAENZ Printed or typed name of signee