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COVER LETTER

INHS18 (2/14)

	Legistration Section Division of Corporations		
SUBJEC	Wanderlust Explore the World Tr	avel, LLC	
5020150		ame of Limited	Liability Company
Dear Sir	or Madam:		
The enclo	osed Registered Agent/Registered (Office Change a	nd fee(s) are submitted for filing.
Please ret	turn all correspondence concerning	this matter to the	he following:
Catheryne	: Budzian		
	Name of Person		
Wanderlu	st Explore the World Travel, LLC		
	Firm/Company		
3530 Duri	rance Street		·
	Address		
New Port	Richey, FL 34655		
	City/State and Zip Code	;	
cbudzian@	@hotmail.com		
E-n	nail address: (to be used for future a	innual report no	otification)
For furth	er information concerning this matt	er, please call:	
Catheryne	Budzian	813 at (3009416
	Name of Person	(Area Code & Daytime Telephone Number
F [F	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Ŧ	Enclosed is a check for the followi	ng amount:	
i	■ \$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. Na	ame of the limited liability company: Wanderlust Expl	ore the \	World	i Travel, LLC	
2. (a)			(b)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ν-/.	Maili	ng address of limited liability company: ote: MAY BE POST OFFICE BOX
	3530 DURRANCE STREET		3	530 DURRAN	NCE STREET
	NEW PORT RICHEY, FL 34655		- 1 -	NEW PORT RI	ICHEY, FL 34655
	12/28/21		L	2000006518	
3.	Date of filing/registration in Florida	— 4.	_	Doc	cument number
5. (a)					
). (u)	Registered Agent and Registered Office shown on the records of	f the Flor	rida D	ept. of State:	
	UNITED STATES CORPORATION AGENTS, INC.		_		202
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRE	<u> </u>		2021 DEC
	476 RIVERSIDE AVE				5 6
	JACKSONVILLE . F	32202			ω_{-}
	, 11	L			er e
(b)					7: 42
` ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	addr	<u>P55</u> :	ू हैं।
	CATHERYNE BUDZIAN				
	NEW Registered Office Address:		_		
	3530 DURRANCE STREET				
	NEW PORT RICHEY	L	i		
	, r	L			
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e regist iability of the l e limite	ered com limite d lia	office and the pany, it is her ed liability co	e business office of the registered reby confirmed that the change(s) mpany or as otherwise provided in
Signa	ature of a member or authorized representative of a member	-	-	Prir	nted or typed name of signee
provis the ob to mer notifie	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	ree to de perfored for it hereby	act ir man n Ch , con	this capacity ce of my dutic apter 605, F.S firm that the l	e. I further agree to comply with the es, and I am familiar with and accep S. Or, if this document is being filed imited liability company has been

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