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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Eteam@eminutes.com Email Address:

LLC REGISTERED AGENT CHANGE LOS CT TOURING LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

Signature of Registered Agent

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.

l. Na	me of the limited liability company: Los CT Touri			
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)	
	15301 Summerwind Drive	_	15301 Summerwind Drive	
	Tampa, Florida 33624		Tampa, Florida 33624	
	01-25-2022	<u>.</u> .	L22000027772	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	REGISTERED AGENTS INC.			
., (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	
	7901 4TH ST N, STE 300			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2	
	ST. PETERSBURG , FI	3370	2	
(b)	eResidentAgent, Inc.	····		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	iress:	
	801 US Highway 1			
	NEW Registered Office Address:	_		
	North Palm Beach, F	L 3340	08	
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regis iability co of the lim	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in	
		Er	Erika A. Easter, Authorized Person	
-	iture of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob- to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change.	マーバンとりょうようりょう	ance of my anties, and i am iamiliat with and accep	