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

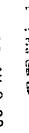
Office Use Only

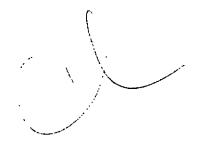


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## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Division of Corporations								
SUBJECT: YOUR FAVORITE TRAY	VEL AGENT LLC							
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Regis	stered Office Change and	d fee(s) are submitted for filing.						
Please return all correspondence conc	erning this matter to the	following:						
Ross Lewis								
Name of Pers	son	202						
		2027 NOV 28						
Your Favorite Travel Agent LLC		. V : 2						
Firm/Compa	ny	10.						
		2						
PO Box 6220								
Address								
Ch . C 11 MO (200)								
Chesterfield, MO 63006  City/State and Zi	in Code	<del></del>						
Chy/State and Zi	ip Code							
Ross@yourfavoritetravelagent.com								
E-mail address: (to be used for t	future annual report noti	fication)						
For further information concerning th	is matter, please call:							
	, <b>,</b>							
Jason Squatriglia	at (631	942-5102						
Name of Person		Area Code & Daytime Telephone Number						
Mailing Address:		Street Address:						
Registration Section		Registration Section						
Division of Corporations		Division of Corporations						
P.O. Box 6327 The Centre of Tallahassee								
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810						
		Tallahassee, FL 32303						
Enclosed is a check for the	following amount:							
□ \$25 Filing Fee	<b>=</b> 5	\$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: Your Favorite 1	Travel A	gent LLC				
2	(a)			(b)				
	(-)	Principal office address of limited liability company:  (Nate: MUST BE STREET ADDRESS)		(5)	Mailing address of lim			
								220
		2650 LAKE SHORE DRIVE, UNIT 706		2650 LAKE SHORE DRIVE, UNIT 706				
		RIVIERA BEACH, FL 33404		RIVIER.	ERA BEACH, FL 33404			
		03/08/2022		L2200011	9013			
3.		Date of filing/registration in Florida	<u> </u>	<del> </del>	Document number	 Эт		
5.	(a)	Current Registered Agent						
	(-)	Registered Agent and Registered Office shown on the records of	of the Flo	rida Dept, of St	ate;			
		UNITED STATES CORPORATION AGENTS, INC.						
		Registered Office Address (MUST BE FLORIDA STREE	ESS)	<u> </u>	•	202		
	5575 S. SEMORAN BLVD. #36						2 AON 2202	1 3 A
		ORLANDO , F	-∟3282	2		Alb Section	28	Office Texture 2
	41.5	NUW Decistaned Acent					AH 8: 32	
(b) NEW Registered Agent Enter name of NEW Registered Agent and/or NEW Registered Of				addrass:			æ. 	Wage 1
		The state of the s	<del>co ome</del>	HWMCF3R.			32	
		Dina Rae Camarda						
		NEW Registered Office Address:						
		2650 LAKE SHORE DRIVE, UNIT 706						
		RIVIERA BEACH	ъ 3340-	1				
		,			<del></del>			
ch ag wa	ange ent v is/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited letter authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne regist liability of the e limite	ered office a company, it limited liabil	ind the business offi is hereby confirmed ity company or as o	ce of th	e regis ie chan	tered ge(s)
_;	Signe	tury of a member or authorized representative of a member		7022 IEM12	Printed or typed nam	ne of sign	ee	
I i pr the to	herei ovisi e obl mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, led in writing of this change.	gree to e perfoi led for i l hereby	act in this cap mance of my n Chapter 60 n confirm tha	pacity I further am	ree to c	amnh	with the ad accept ing filed been
Si	gnatu	re of Registered Agent						