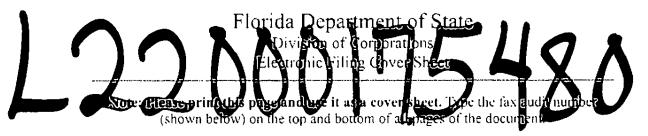
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Division of Corporations



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		To: Division of Corporations Fax Number : (850)617-6383		2024 OCT 18	2 0 0
S E	AH 10: 4.7	From: Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (614)280-3338 Fax Number : (614)573-3596		PM 2: 56	1
	81 LCT 18	**Edger the email address for this business entity to be used for fut the second report mailings. Enter only one email address please.** The second report mailings and second report mailings. Enter only one email address please.** The second report mail address:	ure		

LLC REGISTERED AGENT CHANGE TRIPLE THREAT TRAVEL, LLC

Certificate of Status	0		
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M. SOLOMON

OCT 18 2024

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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.

I. N	ame of the limited liability company: TRIPLE THRE						
2. (a)	189 S ORANGE AVE	(b)	(b) 189 S ORANGE AVE				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)				
	ORLANDO, FL 32801	<u> </u>	ORLANDO. FL 32801				
	04/28/2022	L	22000175480				
3.	Date of filing/registration in Florida	4.	Document numb	er			
5. (a	CORPORATE CREATIONS NETWORK INC.						
J. (11		Registered Agent and Registered Office shown on the records of the Florida Dept. of State					
(Ն)	801 US HWY L N						
	Registered Office Address (MUST BE FLORIDA STREE)		2024 OCT 18				
	PALM BEACH, FL.	71					
	C T Corporation System		2: 56 5 FATE				
	Enter name of NEW Registered Agent and/or NEW Register	ed Office addi	ess:				
	NEW Registered Office Address:						
	1200 South Pinc Island Road	_					
	Plantation, }	ft. <u>33324</u>					
the ch agent was w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registe Tiability con s of the limit te limited lia	ered office and the business ipany, it is hereby confirme ed liability company or as cobility company.	office of the registered d that the change(s)			
	-Emilorin	KAR	A KOROSEC, MANAGER				
_	ature of a member or authorized representative of a member		Printed or typed nar	•			
provis the ob to mer	thy accept the appointment as registered agent and a tions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, ad in writing of this change. C.T. Corporation System	gree to act i le performa ded for in Cl I hereby cor	n this copacity. I further as nee of my duties, and I am f napier 603, F.S. Or, if this o yfirm that the limited liabili.	tree to comply with the amilian with and accept document is being filed by company has ocen			

Signature of Registered Agent SEAN LEMERICK, ASSISTANT SECRETARY