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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

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

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## LLC REGISTERED AGENT CHANGE COMEDIC TRAVELS LLC

Certificate of Status	0
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Page Count	02
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T. LEMIEUX

## 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: Con	nedic Tray	els LL	<u>C</u>		
2. (a)		(t	o)			
<b>(</b> -,	Principal office address of limited liability cor (Note: MUST BE STREET ADDRESS	npany:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	06/14/2022		L2200	0271434		
3.	Date of filing/registration in Florida	4.		Document number		
5 (a)	UNITED STATES CORPORATION	AGENTS, INC.				
.). (u)	Registered Agent and Registered Office shown on the			::		
	5575 S. SEMORAN BLVD.					
	Registered Office Address (MUST BE FLORIDA	STREET ADDRESS	<u>5)</u>	•		
	SUITE 36					
	ORLANDO	, FL <u>328</u> ;	22			
, L. V	Registered Agents Inc.					
(b)	Enter name of NEW Registered Agent and/or NEW	Registered Office ad	dress:			
	7901 4th St N					
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg	, FL 33702	2			
the cha agent was/w	limited liability company is not organized uncange or changes are made, the Florida street a will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the nicles of organization or the operating agreement.	ddress of the regi limited liability co nembers of the lin	stered office ompany, it is nited liability liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.		
Sinns	Ritury Tark.	hher —	Ril	ey Park Printed or typed name of signee		
-	•		t in thic can			
provis the obt to mer	thy accept the appointment as registered agentions of all statutes relative to the proper and ligations of my position as registered agent a sely reflect a change in the registered office and in writing of this change.	a ann agree to ac complete perform s provided for in ddress. I hereby c	i in inis cape ance of my e Chapter 605 confirm that	acas. I juriner agree to compry with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been		
sec 1		Assistant Secre	etary			

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

Signature of Registered Agent