L22000370679

(Requestor's Name)				
(Ad	dress)			
,	,			
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
		,		
(Ви	siness Entity Nam	e)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
	<u>-</u>			
Special Instructions to	Filing Officer.			





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ALLAHASSEE, FLORIDA

023 SEP 21 PH 4: 11

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations					
SUBJECT: Dale, Let's Travel! LLC					
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	fice Change at	nd fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to th	ne following:			
Tatiana Matos					
Name of Person					
Dale, Let's Travel! LLC					
Firm/Company					
31867 Barrel Wave Way					
Address					
Wesley Chapel, FL 33545					
City/State and Zip Code					
contactus@daleletstravel.com					
E-mail address: (to be used for future and		otification)			
For further information concerning this matter	, please call:				
Tatiana Matos	at (, 4511271			
Name of Person		Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	: !	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
□ \$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.

I. Na	nne of the limited liability company: Dale, Let's Travell	LLC		
2. (a)	7901 4th St N	, , , ==		
- . (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address	of limited liability company: BE POST OFFICE BOX)
	STE 300	STE 3	00	
	St. Petersburg, FL 33702	St. Per	tersburg, FL 33702	
	08/23/22	L22000	370679	
3.	Date of filing/registration in Florida	4.	Document m	umber
5. (a)	NORTHWEST REGISTERED AGENT LLC			
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	f State:	
	7901 4TH ST N			
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)		
	STE 300			
	ST. PETERSBURG , FL	33702		2023
(b)	Registered Agents Inc		_	FILE 2023 SEP 21 PP
(-,	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		SE S
	7901 4th St N			PH L: 14 EE, FLORIDA
	NEW Registered Office Address:)
	STE 300			A +
	St. Petersburg	33702		
the cha agent v was/we the arti	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered o ability company of the limited lia	office and the busing it is hereby confibility company or company.	iness office of the registered firmed that the change(s) ras otherwise provided in
- 0	ture of a member or authorized representative of a member		•	ed name of signee
provisi the obl to mer natified	by accept the appointment as registered agent and agrifons 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, I if in writing of this change. David Roberts - Assistant Se	performance of d for in Chapter hereby confirm	capacity. I furth my duties, and L 605, F.S. Or, if that the limited lid	er agree to comply with the am familiar with and accept this document is being filed ability company has been
<u></u>	David Roberts - Assistant Serre of Registered Agent	scretary		