

To: 18506176383 Page 1/2 Fax: 8134365206

Division of Corporations

Florida Department of State document.

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To:

Division of Corporations Fax Number 1 (856)617-6383

From.

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Phone (813)436-5206 Far Number

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

Email Address:_

LLC REGISTERED AGENT CHANGE FIVESTARTRAVELAGENCY.COM LLC

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	ame of the limited liability company.	VELAGENCY.COM LL	.c
2. (a)		(b)	
	Principal office address of fimited liability company; (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/19/23	L2300024	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of St	
	476 RIVERSIDE AVE.		S 1024
	Registered Office Address	<u> I ADDRESS)</u>	TALLAHASSEE F
	JACKSONVILLE	-I ³²²⁰²	HASS PR
(p)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Register		2024 HAR -8 PH 2:38 STALLAHASSEE, FL
	7901 4th St N		
	NEW Registered Office Address:		_
	STE 300		
	St. Petersburg	33702 1	_
the cha agent v was/we	imited 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 registered offi liability company, it s of the limited liabil	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
	ture of a member or authorized representative of a member	Robin Jones	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere natified	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, the writing of this change.	gree to act in this ca te performance of m ded for in Chapter 6 I herchy confirm the	ipacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed it the limited liability company has been
43,24		Secretary	
Signatu	re of Registered Agent		