

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L9700000 DB58

Select Travel, L.C.

900004514359--2

-08/03/01--01026--030

*****25.00 *****25.00

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC | |
| <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS | |
| <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 | |
| <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up | |

Notarized Copy
When Ready
Walk In
Or
Name
Availability
Document
Examiner
Updater
Verifier
W.P. Verifier

8/3/01

Order#: 4705932

Ref#:

Amount: \$

01 AUG -3 PM12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

JB
8-3-01

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Select Travel, LC.

2. The mailing address of the limited liability company is : 1125 US Highway 98 South, Suite 200,
Lakeland, Florida, 33801

11/03/1995

197000000858

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Joseph P. St. John

Name

1125 US Highway 98 South, Ste 200

Address

Lakeland, FL 33801

City, State and Zip

6. The name and address of the new registered agent and/or office:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

FL 33324

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Linda Mayhugh
(Signature of a member or authorized representative of a member)

Linda Mayhugh, Manager

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

C T Corporation System

PETER F. SOUZA
ASSISTANT SECRETARY

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00

01 AUG -3 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED