## -M08000002189

(Requestor's Name)				
•				
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(100	cument Number)			
Certified Copies	Certificates	s of Status		
·	-			
Special Instructions to Filing Officer:				
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Office Use Only



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J. SAULSBERRY **EXAMINER** 

SEP 2 3 2010

## **COVER LETTER**

Division of C							
SUBJECT:	7	ravel E	xclusive L	LC			
	Name of	f Limited	Liability Con	npany			
Dear Sir or Madam:							
The enclosed Registe	ered Agent/Registered	Office Cl	nange and fee	e(s) are submitted	for filing.		
Please return all corr	respondence concernin	ng this mat	ter to the fol	lowing:			
	Thomas Ochoa						
	Name of Person						
Tr	avel Exclusive LLC Firm/Company						
1746	E Silver Star Rd #22	26			AL AM	2010 SEP 22	<b>-</b> 4
	coee, Florida 34761 ity/State and Zip Code				MAY OF ST ASSEE, FLO	2	
	Otravelexclusivellc.c	COM t notification	)		AND A	1:02	
For further informati	ion concerning this ma	atter, pleas	se call:				
	on Luke of Person	at (	407 )	905-262 le & Daytime Telephone			
Registration S Division of Co Clifton Buildi	orporations ng re Center Circle		Registration of P.O. Box 6	Corporations			
Enclosed is	a check for the follow	ing amou	ınt:				
\$25 Filing	Fee		\$55 Filin	g Fee & Certified	Copy		

## 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. Name of the limited liability company:	Travel_Exclusive LLC
2. (a) Principal office address of limited liability con	mpany: 12200 West Colonial Drive
(Note: MUST BE STREET ADDRESS)	Suite 201 Winter Garden, Florida 34787
(b) Mailing address of limited liability company:	1746 E Silver Star Rd
(Note: MAY BE POST OFFICE BOX)	#226 Ocoee, Florida 34761
05/08/2008	M0800002189
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	on on the records of the Florida Dept. of State:
Registered Agent:	Thomas Ochoa
Registered Office Address:	1746 E Silver Star Rd
	#226 Ocoee, Florida 34761
	Ococe, Florida 54701
(b) Enter name of <b>NEW Registered Agent</b> and/o	r NEW Registered Office address:
NEW Registered Agent:	Thomas Ochoa
<b>NEW</b> Registered Office Address:	12200 West Colonial Drive
<u>(MUST BE FLORIDA STREET ADDRESS</u>	Suite 201 Winter Garden ,FL 34787
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability considerable.  Signature of a member or authorized representative of a member	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization
Thomas Ochoa Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to 1 and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.
Signature of Registered Agent	

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