M1700000 6294

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

FO: Registration Section

Division of Corporations	
ITG TRAVEL AGENCY, LLC	٠
SUBJECT: Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted	d for filing.
Please return all correspondence concerning this matter to the following:	ed for filing.
MARC KOSBERG BERGER	
Name of Person	
ITG TRAVEL AGENCY, LLC	
Firm/Company	
89 NE 27 STREET SUITE 109	
Address	
MIAMI, FL 33137	
City/State and Zip Code	
paulag@itg.com.mx	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Marc Kosberg Berger at (786) 390 3404	
· · · · · · · · · · · · · · · · · · ·	ytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRES Registration Section Division of Corporation Division of Corporation P.O. Box 6327 Tallahassee, Florida 32301	ons
Enclosed is a check for the following amount:	
☑ \$25 Filing Fee	rtified Copy
INHS18 (2/14)	

LIMITED LIABILITY COMPANY

Fursuant 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

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability compa (Note: MAY BE POST OFFICE BON
		
NE 27 STREET, STE 109		89 NE 27 STREET, STE 109
IAMI, FL 33137		MIAMI, FL 33137
/24/2017		M17000006294
Date of filing/registration in Florida	4,	Document number
AULA J. GAMAS BUENTELLO		
istered Agent and Registered Office shown on the records of	the Flori	rida Dept. of State:
gistered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u> </u>
NE 27 STREET, STE 109		
IAMI , FI	3313	37
ARC KOSBERG BERGER		address:
er name of NEW Registered Agent and/or NEW Registered	Office :	address:
W Registered Office Address:		
NE 27 STREET, STE 109		
IAMI	3313	37
	Date of filing/registration in Florida JULA J. GAMAS BUENTELLO Istered Agent and Registered Office shown on the records of sistered Office Address MUST BE FLORIDA STREET NE 27 STREET, STE 109 AMI RC KOSBERG BERGER To name of NEW Registered Agent and/or NEW Registered W Registered Office Address: NE 27 STREET, STE 109	Date of filing/registration in Florida 4. ULA J. GAMAS BUENTELLO istered Agent and Registered Office shown on the records of the Floristered Office Address (MUST BE FLORIDA STREET ADDRE) NE 27 STREET, STE 109 AMI RC KOSBERG BERGER Tranne of NEW Registered Agent and/or NEW Registered Office W Registered Office Address: NE 27 STREET, STE 109

| Signature of a member or authorized representative of a member

(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 605, 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.

Signature of Registered Agent