M23000011348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 AUG 12 PM 3:38

SB 8/19/25

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2025

BAY WILLIAMS
7512 DR PHILLIPS BLVD STE 50-253
ORLANDO, FL 32819

SUBJECT: TRIPSY TRAVEL, LLC
Ref. Number: M23000011348

We have received your document for TRIPSY TRAVEL, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 425A00013412

RECEIVED
AUG 12 2025
BY:_____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tripsy Travel LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cynthia Williams
Name of Person

Firm/Company

9349 Rapel Estates Blvd
Address

Orlando, FL 32836
City/State and Zip Code

2015 AUG 12 PM 3:58

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Baye Williams at (832) 675-1099
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

1. Name of the limited liability company: Tripsy Travel, LLC

2. (a) 9349 Royal Estates Blvd
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Orlando, FL 32836

(b) 7512 Dr. Phillips Blvd
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Suite 50-253

Orlando, FL 32819

3. 09/01/2023
Date of filing/registration in Florida

4. M23000011348
Document number

5. (a) C T CORPORATION SYSTEM
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 SOUTH PINE ISLAND ROAD
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

PLANTATION, FL 33324

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(b) Cynthia Williams
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

9349 Royal Estates Blvd
NEW Registered Office Address:

Orlando, FL 32836

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.

B. Williams
Signature of a member or authorized representative of a member

Bape W. Williams
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

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