

P00000023052

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DIVISION OF CORPORATIONS  
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*E.A. Ch.*  
C.COULLIETTE

AUG 23 2011

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRAVELONE SERVICES & TOURS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P00000023052

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HECTOR VALDES  
Name of Contact Person

TRAVELONE SERVICES & TOURS, INC.  
Firm/Company

3785 NW 82ND AVE. SUITE #410  
Address

DORAL, FL 33166  
City/State and Zip Code

HVALDES@ANSOLUTION.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HECTOR VALDES at ( 305 ) 717 3520  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TRAVELONE SERVICES & TOURS, INC.
2. The principal office address: 3785 NW 82ND AVE. SUITE # 410, DORAL, FL, 33166
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/07/2000 Document number: P00000023052

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

VALDES, HECTOR

11251 NW 48 TER

DORAL, FL 33178

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

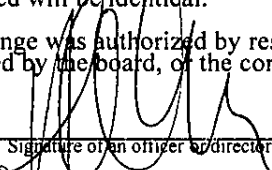
11251 NW 48 Terr

P.O. Box NOT acceptable

Doral, FL 33166

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

HECTOR VALDES/PRESIDENT

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

\_\_\_\_\_  
Signature of Registered Agent

08/17/2011

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FL  
FD  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
AUG 22 AM 11:00