## P00000044209

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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: FLORIDAZE EXCURSI	ONS, INC. (Name of corporation)
	Doggo	•
DOC	UMENT NUMBER: P00000	JU44209
The er	nclosed Statement of Change	of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence co	ncerning this matter to the following:
20.41		
BRAI	DLEY K. ALLEY (Name of pers	son)
	(11ano 02 por	·,
MARI	LOWE & WEATHERFORD P.A.	
	(Name of firm/cor	mpany)
1150	LOUISIANA AVE,	
	(Address)	
18/08/197	TED DADIVE	
VVIIVI	ER PARK FL (City/state and zir	Total Control
		•
For fu	rther information concerning	this matter, please call:
BRAD	DLEY K. ALLEY	at ( 407 ) 629-5008
	(Name of person)	at (407) 629-5008 (Area code & daytime telephone number)
Enclo	sed is a \$35.00 check made p	ayable to the Department of State.
Amen Divisi P.O. F	ng Address: Idment Section Ion of Corporations Iox 6327 Ioxsee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

	change is submitted for a corpora	617.0502, 607.1508, or 617.1508, Florida Statutes, ation organized under the laws of the State of tered office or registered agent, or both, in the State		
of Florida.	an of act to change no togu	to our office of together our agent, or bonn, in the state		
1. The name of the corporation: FLORIDAZE EXCURSIONS, INC.				
2. The principal	office address: 1719 HOFFNER A	VE, CIRLANDO FLORIDA 32809		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 5/2/2000	Document number: P00000044209		
	i street address of the current regis rtment of State: JAMES HOCTOR	tered agent and registered office on file with the CARP APR	T	
	215 N EOLA DR, ORLANDO FL 32	2801 SERY O		
		OF ST	Ö	
6. The name and street address of the new registered agent (if changed) and /or registered office (in changed):  BRADLEY K. ALLEY				
1150 LOUISIANA AVE., SUITE 4, WINTER PARK FL 32789				
	(P.O. Box or personal	manbox NOT acceptable)		
		street address of the business office of its registered		
(Signature of an office	Chalinnan or vice chalinnan of the board)	dopted by its board of directors or by an officer so een notified in writing of the change.  (Printed or typed name and title)	ho	
I hereby accept I further agree performance of registered ages office of dress,	t the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with tt. Or, if this document is being fi I hereby confirm that the error of	tent and agree to act in this capacity, all statutes relative to the proper and complete in and accept the obligation of my position as led naerely to reflect a change in the registered from has been notified in writing of this change.		
If signing on beha	Signature Registered Agent)  If of an entity:	(Date)		
	Typed or Printed Name)	(Capacity)		

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