Division of Corporations

## 000006425

## Florida Department of State

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Account Name

: BERGER SINGERMAN - FORT LAUDERDALE

Account Number : I20020000154 \_

Phone

: (954)525-9900

Fax Number

: (954)523-2872

## REGISTERED AGENT CHANGE

FLORIDA TRAVEL & LIFE MAGAZINE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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4/7/2003

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

	the provisions of sections 607			
this statemen Florida	i of change is submitted for a c in order to change i		nized under the laws of the ce or registered agent, or l	
of Florida.		4,4	<b>~</b>	
1. The name	of the corporation: FLORIDA	TRAVEL & LIFE M	IAGAZINE, INC.	78
2. The princip	pal office address: 21346 St. A	Andrews Boulevan	1	3APR - 7
<del></del>	Boca Raton	, FL 33433		PK
3. The mailin	g address (if different): N/A			ب
-				
4. Date of inc	orporation/qualification; 07.	/03/2000	Document number: PO	0000064259
	and street address of the curren partment of State:	it registered agent	t and registered office on fi	le with the
·	Bernard McCormick			
	800 East Broward Boulevard	d, Suite 506		,
	Fort Lauderdale, FL 33301			
6. The name changed):	and street address of the new Gloria Stuart	registered agent	: (if changed) and /or regi	stered office (if
•	21345 St. Andrews Boulevard	Suite 303		•
	(P.O. Box or p	ersonal mailbox NOT ac	ceptable)	
	Boos Raton, FL 33433	· -	·	
The street add agent, as chan	ress of its registered office and ged will be identical.	d the street addre	as of the business office o	f its registered
Such change v authorized by	vas authorized by resolution d the board, or the corporation i	nly adopted by it has been notified	s board of directors or by in writing of the change.	an officer so
	a, thatman or vice thatman of the board)	i ,- <del></del>	STUART, PRESIDENT	
	t the appointment as registere to comply with the provisions f my duties, and I am familiar at. Or, if this document is bein I hereby confirm that the corp	ed agent and agrees of all statutes re with and accept ng filed merely to poration has bee	ee to act in this capacity.  elative to the proper and count the obligation of my posity oreflect a change in the result of the count o	omplete ion as egistered s change.
f signing on beha	ignature of Registered Agent) If of an entity:	<del></del> -	(Date)	
	Typed or Frinted Name	- <del></del>	(Capacity)	· · · · · · · · · · · · · · · · · · ·
·	- The state of the		/hear-11	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT.OF STATE AND MAIL TO: DIVISION OF COMPORATIONS, P.O. BOX 6327, TALLAMASSEE, FL 32314