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May 30, 2001

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Florida Department of State **Division of Corporations**P. O. Box 6327
Tallahassee, Florida 32314

RE: PERSONAL TOUCH TOURS, INC.

Gentlemen and Ladies:

In connection with the above corporation, enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporation. I am also enclosing this firm's check in the amount of \$35.00 to cover the filing fee.

If you have any questions, or if anything further is needed, please let me know.

Sincerely,

Thomas B. Putnam, Jr.

THOMas B. Put

TBP/jh Enclosures

xc: Ms. Joyce Szymczyk

FILED

OI JUN -1 PHIZ: 41

SECRETARY OF STATE

TALLANIASSEE, FLORID.

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

the undersigne	ne provisions of sections 607.0502 The description of descriptions of the comporation organized under the change of the change	laws of the State of	Florida	<u> </u>
	f the corporation : Personal	Fouch Tours, Inc	•	
2. The mailing	address of the corporation: 82	28-A Spring Lake	Square, Wi	nter Haven, FL 3388
3. Date of inco	orporation/qualification: 12/26/2	2000 Docui	ment number:	P0100000541
	nd address of the current registered			
	Elizabeth Lee Shattuo	ek		
	31226 Lochmore Circle			01 SEC
5. The name an	Mt. Plymouth, FL 327 ad address of the new registered age (P. O. Box I		or registered o	me m
	Regina G. Wiggins 828-A Spring Lake Squ Winter Haven, FL 338			ESTATE ESTATE BN 12: 44
The street addragent, as chang	ess of its registered office and the ed, will be identical.	street address of the	business offi	ce of its registered
X Dele	as authorized by resolution duly as he board. Dillu of an officer, chairman or vice chairman of the		of directors or	
Dale Mill	er, President (Printed or typed name and title)			3
Having been no corporation, I I I further agree performance of registered agen	amed as registered agent and to accept the appointment as a to comply with the provisions of a my duties, and I am familiar with tt.	ccept service of proc registered agent and ll statutes relative to and accept the obli	cess for the ab d agree to act o the proper a gation of my p	ove stated in this capacity. nd complete position as
X Regina G.	ignature of Registered Agent) WIE 2 Ins	Х	5/29/o (Date)	<i>j</i>
If signing on behal	· .		0	
_ Kegina	G. Wiggins Typed or Printed Name)	Vice	(Capacity)	+ Treasurer

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