Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140001215323)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

-1

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future Cu Hannual report mailings. Enter only one email address please.**

Boail Address:

REGISTERED AGENT CHANGE BAGGAGE AIRLINE GUEST SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	of 03
Estimated Charge	\$35.00

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Help

COVER LETTER

TO: Amendment Section Division of Corporations

BAGGAGE AIRLINE GUEST SERVICES, INC.

Name of Corporation

P0100035039

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:

Name of Contact Person

CT Corporation

Firm/Company

1200 South Pine Island Road

Address

Plantation, Florida 33324

City/State and Zip Code

AP@maketraveleasier.com

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

For further information concerning this matter, please call:

Kelly Husselman

me of Contact Person

407

349-0670

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

CR2E045 (03/12)

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

Pursuant to the provisions of statement of change is submit	• -	-	•
in order to change it.	s registered office or register	ed agent, or both, in the Sta	ate of Florida.
1. The name of the corporatio	BAGGAGE AIRLIN	IE GUEST SERVIC	CES, INC.
2. The principal office addres	_{s:} 6751 Forum Drive,	Suite 200 Orlando	, Florida 32821
3. The mailing address (if diff	erent):		
4. Date of incorporation/quali	fication: 04/03/2001	Document number: P	01000035039
5. The name and street addres		ent and registered office on	
F&LCo	rp.		
One Inde	ependence Drive, Su	ite 1300	
Jackson	ville, Florida 32202		
6. The name and street addres (if changed):	is of the new registered agent	(if changed) and /or regist	ered office AN 22
CT Corp	oration		~
1200 So	uth Pine Island Road	· · ·	
Plantatio	ро.ых моты n, Florida 33324	ecepuble	
The street address of its regias changed will be identical.			
Such change was anthorized authorized by the board, or	By resolution duly adopted in the corporation has been noting	by its board of directors or fied in writing of the chan	by an officer so
Signature of the officer or	director	Craig Mateer	(Bags)
I hereby accept the appoints I further agree to comply with performance of my duties, as agent. Or, if this document hereby confirm that the corp	nent as registered agent and th the provisions of all statut ad I am familiar with and ac- is being filed merely to reflec oration has been notified in	••	ON UNITED OF
2/ Mm		5/22/2	014
Signature of Register	•	Date	
If signing on behalf of an en	•		
Jordan Brown, Ass			
***	* * * FILING FEE	C: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)