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Division of Corporations Page 1 of 2
P01000035039

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

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

Email Address: _____

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16 JAN 27 AM 3:20
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**REGISTERED AGENT CHANGE
BAGGAGE AIRLINE GUEST SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RA/change

JAN 28 2016

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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: BAGGAGE AIRLINE GUEST SERVICES, INC.
2. The principal office address: 6751 Forum Drive Suite 200, Orlando, Florida 32821
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/3/2001 Document number: P01000035039
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)

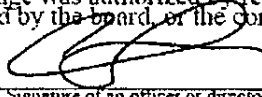
C T CORPORATION1200 SOUTH PINE ISLAND ROADPLANTATION, FL 33324

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

Business Filings Incorporated1200 South Pine Island RoadP.O. Box NOT acceptablePlantation, Florida 33324

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
Craig C. Mateer, 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
12th day of January, 2016

Date

If signing on behalf of an entity:

Mark Williams, AVP

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

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