## 43432

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## **COVER LETTER**

Division of Corporations			
SUBJECT: EXE CYTIVE TRAVELBARE IN C			
Name of Corporation			
DOCUMENT NUMBER: PO 1 0000 43432			
The enclosed Statement of Change of Registered Office/Agent and fee are su	bmitted for filing.		
Please return all correspondence concerning this matter to the following:			
VIJAY MELOANI  Name of Contact Person			
Name of Contact Person			
EXECUTIVE TRAVELLOARE INC.			
Firm/Company			
11840 NW 17th PLACE			
Address			
PLANTATION, FL 33323			
City/State and Zip Code			
EXECTRAVELWARE @ ACL COM			
E-mail address: (to be used for future annual report n			
·			
For further information concerning this matter, please call:			
SAUL B. LIPSON 954 .	755,4405		
Name of Contact Person Area Code & De	755 - 4405 aytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.	•		
Mailing Address: Street Address: Amendment Section Amendmen	ess: t Saction		
	Corporations		
P.O. Box 6327 Clifton Bui	_		
	itive 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 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: EXECUTIVE TRAVELWARE INC	
2. The principal office address: 12801 W. SUNRISE BLUD / SUITE 127	
SUNCUE, FL 33323	
3. The mailing address (if different): 11840 NW.17 # PLACE PLANTATION,	
FL 33323	
4. Date of incorporation/qualification: 04/27/2001 Document number: P0100043432	
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)	
VIJRY MELWANI	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  VITAY MELDANI  (1) PHO NOD 17th PLACE / PLANTATION  E	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
UITONE NELLO AND	
(1840 HO 17th PLACE , PLANTATION &	
P.O. Box NOT acceptable	
PL 33323.	
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.	
VITRY MELWAWI - PRESIDENT.  Signature of an othicer or director  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 Date	
If signing on behalf of an entity:	
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
CR2E045 (03/12)