

Division of Corporations

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P01000049979

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : KILLGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES

Account Number : I19980000007

Phone : (407) 425-1020

Fax Number : (407) 839-3635

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

TRAVEL CLOSEOUTS, INC.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 27 PM 4:56

FILED

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

Pursuant to the provisions of section 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the law of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation is Travel Closeouts, Inc.
2. The mailing address of the corporation is and principal place or business is: 1015 E. Semoran Blvd., Suite 213, Casselberry, Florida 32707:
3. Date of incorporation/qualification May 18, 2001 Document number: P01000049979
4. The name and address of the current registered agent and office:

SCOTT N. BENDER
5415 Lake Howell Road, #227
Winter Park, FL 32792
5. The name and address of the new registered agent and office:

CRAIG S. PEARLMAN
940 Highland Avenue
Orlando, FL 32803

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Scott N. Bender
(Signature of an officer, chairman or vice chairman of the board)

7/26/01
(Date)

Scott N. Bender
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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.

Craig S. Pearlman
(Signature of Registered Agent)

7/26/01
(Date)

If signing on behalf of an entity:

Craig S. Pearlman
(Printed or typed name)

Registered Agent
(Capacity)