

PO1060076414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

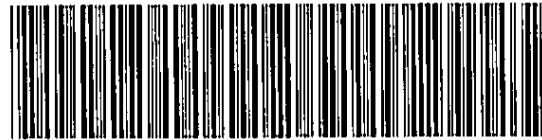
(Business Entity Name)

(Document Number)

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07/23/21--01019--011 \*\*35.00

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2021 JUL 23 PM 5:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

*A. B. [unclear]*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AIA All Inclusive Travel Inc  
Name of Corporation

**DOCUMENT NUMBER:** PO1000076414

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:

Peggy Yomatti Shivbaran  
Name of Contact Person

AIA All Inclusive Travel Inc  
Firm/Company

5281 S.W 183 Street  
Address

Palmetto Bay FL 33157  
City/State and Zip Code

P.Shivbar@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peggy Shivbaran at (305) 726-4824  
Name of Contact Person 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 26, 2021

PEGGY YOMATTI SHIVBARON  
8281 SW 183 ST  
PALMETTO BAY, FL 33157

SUBJECT: A1 ALLINCLUSIVE TRAVEL INC.  
Ref. Number: P01000076414

We have received your document for A1 ALLINCLUSIVE TRAVEL INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to change the registered agent you must fill out section 6. It is a \$35 fee to file the o/d resignation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 521A00011318

RECEIVED  
JUL 16 2021

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: AI ALL Inclusive Travel Inc.
- 2. The principal office address: 8281 S.W 183 Street  
Palmetto Bay Fl. 33157
- 3. The mailing address (if different): N/A
- 4. Date of incorporation/qualification: July 23-2001 Document number: PO12000076414
- 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)

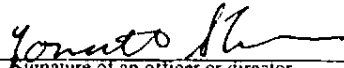
Devanand Shivbaran (Resigned)  
8281 S.W 183 Street  
Palmetto Bay Fl. 33157

SECRETARY OF STATE  
 TALLAHASSEE, FL  
 2021 JUL 23 PM 5:55  
**FILED**

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Yomatti Shivbaran  
8281 S.W 183 Street  
P.O. Box NOT acceptable  
Palmetto Bay Fl. 33157

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

7/09/21  
 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

7/9/21  
 Date

If signing on behalf of an entity:

\_\_\_\_\_  
 Typed or Printed Name

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Deo an and Shivbaran, hereby resign as Incorporator Signatar e  
(Title)

of AI All Inclusive Travel  
(Name of Corporation)

P0100 0076414, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314