

PO2000021105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

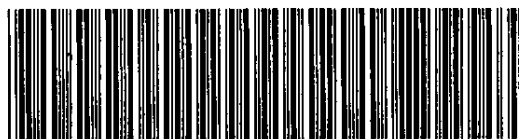
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
14 MAR -3 AM 2:44



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2013

MURRAY KRASNOFF
SUNTASTIC TOURS INTERNATIONAL
52 RILEY RD #188
CELEBRATION, FL 34747 US

SUBJECT: SUNTASTIC TOURS INTERNATIONAL, INC.
Ref. Number: P02000021105

We have received your document for SUNTASTIC TOURS INTERNATIONAL, 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):

An officer/director must sign the document.

The registered agent must sign accepting the designation.

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) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 313A00023442

Attn: Tina Carter

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNTAISTIC TOURS INTERNATIONAL, INC.
Name of Corporation

DOCUMENT NUMBER: P02000021105

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:

MURRAY KRASNOFF

Name of Contact Person

SUNTAISTIC TOURS INTERNATIONAL, INC.

Firm/Company

800 CELEBRATION AVE, STE 205

Address

CELEBRATION, FL 34747

City/State and Zip Code

MK@SUNTAISTICTOURS.COM

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

For further information concerning this matter, please call:

MURRAY KRASNOFF

Name of Contact Person

at 321 284-4507

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED

14 MAR -3 PM 2:53

CR2E045 (03/12)

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

**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: SUNTASTIC TOURS INTERNATIONAL, INC.
2. The principal office address: 800 CELEBRATION AVE, STE 205
CELEBRATION, FL 34747
3. The mailing address (if different): 52 RILEY RD, #188
CELEBRATION, FL 34747
4. Date of incorporation/qualification: 02/18/2002 Document number: P02000021105
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)
LEICHNER, STEVE
1628 MONICKS CORNER
THE VILLAGES, FL 32162
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MURRAY KRASNOFF
800 CELEBRATION AVE, STE 205
P.O. Box NOT acceptable
CELEBRATION, FL 34747

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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.

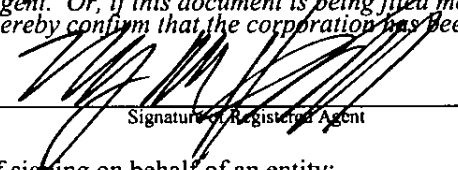


Signature of an officer or director

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

2-26-14

Date

If signing on behalf of an entity:

MURRAY M. KRASNOFF

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)