P0400030106

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
(Oil) Olato Lipit Horio #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
į į
·

Office Use Only



200109123092

09/10/07--01014--012 **35.00

2007 SEP 10 AM 10: 06

PS 9/14/07

COVER LETTER

Division of Corporations
SUBJECT: Vacation VOUEST INC (Name of Corporation)
DOCUMENT NUMBER: 704 0000 30 106
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:
SNOW E. PICCOLD (Name of Contact Person)
VACATION QUEST INC (Firm/Company)
102 NESECONDST#47 (Address)
SOCA RATON FC 33432 (City/State and Zip Code)
For further information concerning this matter, please call:
SNOW E PICCOLO at (56/) 376-9955 (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
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 Statutes.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Vacation QUEST INC.
2. The principal office address: 401 NE MIZNERBUVD TSJ2 BOCA ZATON FL 33432
3. The mailing address (if different): 102 NE SECONDST #417 BOCA PA TON FL 33432
4. Date of incorporation/qualification: 2/10/04 Document number: P 040000 30106
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
DYLAN PICCOLO
401 NE MIZHERBLUD TS22
BOCA RAYON FL 33432US
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ASHLEY PICCOLO
102 NE SECOND ST #417 (P.O. Box NOT acceptable) BOCA RATON FL 33432
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.
SNOW E. PICCOW, PRES- (Signature of an officer or director) SNOW E. PICCOW, PRES- (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:
SNOWE. PICCOLO (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 (8/05)