P04000171729

(Re	equestor's Name)	·····					
(Address)							
(Ad	ldress)	·					
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	ısiness Entity Nan	ne)					
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							
	,						



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10/18/06--01047--019 **35.00

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: Baggage CK Inc. (Wanne of Corporation)
DOCU	MENT NUMBER: PO4000171729
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	(Name of Contact Person) Baggage CK Inc (Prim/Company)
	600 Eden Dr
	(Address)
	ST. CLOUD, FL 3477/
	(City/State and Zip Code)
For fu	ther information concerning this matter, please call:
	(Name of Contact Person) at (407) 461 098 2) (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

Pursyant to the provision	s of sections 607	7.0502, 617.050	02, 607.1508, or 617	7.1508, Florida Stat	utes, this	
statement of change is su						
in order to chan	ge its registered	office or regist	ered agent, or both,	in the State of Flori	ida.	
1. The name of the corpo				<u> </u>		
2. The principal office ad	dress:	2440 Tr	ade port	Drive	Suite	102
	(Orlando	, FL 3280	マク		
3. The mailing address (i	f different):	600 E	den Dr			
,		ST. Clou	d, FL 34"	77/		
4. Date of incorporation/o					00 1717	29
5. The name and street ac Florida Department of		ent registered a	gent and registered	office on file with the	he	
		Kathy Br	roaddus			
	6	00 Ede	roaddus en Dr		Q.	
			0, FL 34		06 OC	
6. The name and street ac (if changed):	ldress of the new	registered age	nt (if changed) and	or registered office	7/8	PAR COUR
	K	erry h). Broade	lus	7	ا جو بن
	7.	548 L). Broadd Iniversal	Blvd		2
	(P.O. I	~lando,) FL 32	819		
The street address of its as changed will be ident	registered office	e and the street	address of the bus	iness office of its re	egistered agent,	
Such change was author authorized by the board,						
Katty &	Broadows)			Broaddus Sed or typed name and title)		y
I hereby accept the appo I further agree to compl of my duties, and I am fo document is being filed corporation has been no	pintment as regis y with the provis amiliar with and merely to reflect tified in writing	stered agent an sions of all sta l accept the ob t a change in th of this change				?
King WK	Swales Registered Agent)	he	/	0/11/06		
. , ,	,			(Date)		
If signing on behalf of a	n entity:					
/Tunad on De	inted Nome					
(Typed or Pri	med Name)					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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