

PO5 000033966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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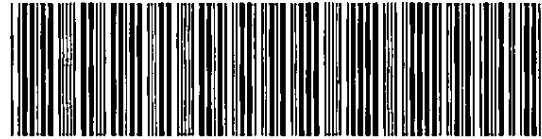
(Business Entity Name)

(Document Number)

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2019 JUN -6 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FL  
**FILED**

JUN 11 2019  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**WORLDWIDE TRAVEL ADVENTURES, INC.**

**SUBJECT:** \_\_\_\_\_  
Name of Corporation

P05000033966

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

**CAROLYN FEDOR**

\_\_\_\_\_  
Name of Contact Person

**WORLDWIDE TRAVEL ADVENTURES, INC.**

\_\_\_\_\_  
Firm/Company

**10064 SW OAK TREE CIRCLE**

\_\_\_\_\_  
Address

**PORT SAINT LUCIE, FL 34987**

\_\_\_\_\_  
City/State and Zip Code

**CAROLYNFEDOR@ICLOUD.COM**

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

For further information concerning this matter, please call:

**CAROLYN FEDOR**

**772**

**618-5332 cell.**

\_\_\_\_\_  
Name of Contact Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

*772 873 7781 office*

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

1. The name of the corporation: Worldwide Travel Adventures, Inc.
2. The principal office address: 10474A SW Village Center Drive, Port Saint Lucie, FL 34987

3. The mailing address (if different):

4. Date of incorporation/qualification: March 4, 2005 Document number: P05000033966

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) Philip D. Swartz, 10943 Luna Point Road, Tallahassee, FL 32312

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Carolyn Fedor, 10064 SW Oak Tree Circle, Port Saint Lucie, FL 34987

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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: Carolyn Fedor
Printed or typed name and title: Carolyn Fedor, President

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: Carolyn Fedor
Date: May 31, 2019

If signing on behalf of an entity: Carolyn Fedor
Typed or Printed Name

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