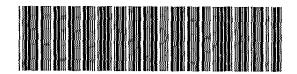
P06000036838

(Re	equestor's Name)	
(Ād	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
·	·	
Certified Coples	Certificates	of Status
 		 -
Special Instructions to	Filing Officer:	

Office Use Only



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08/14/06--01001--005 **35.00

ELULEIARY OF STATE

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RECEIVED

SNOWS

RA. Change

C. Coulliste AUG 1 299

CORPDIRECT AGEN 515 EAST PARK AVI TALLAHASSEE, FL 222-1173	ENUE	nerly CCRS)			
FILING COVER S ACCT. #FCA-14	SHEET				
CONTACT:	KATIE WO!	NSCH			
DATE:	<u>08/11/2006</u>				
REF. #:	001531.56078	3			
CORP. NAME: WORK & HOLIDAY HOTEL CONSULTING CORP.					
() ARTICLES OF INCO	RPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION		
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME		
() FOREIGN QUALIFIC	CATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY		
() REINSTATEMENT		() MERGER	() WITHDRAWAL		
() CERTIFICATE OF C	ANCELLATION				
(XX) OTHER: CHAN	GE OF AGENT				
STATE FEES PREPAID WITH CHECK# <u>518116</u> FOR \$ <u>35.00</u>					
AUTHORIZATIO	ON FOR AC	CCOUNT IF TO BE DEBITEI):		
		COST LIN	AIT: \$		
PLEASE RETUR	en:				
() CERTIFIED COPY	() CI	ERTIFICATE OF GOOD STANDING	_ (XX) PLAIN STAMPED COPY		
() CERTIFICATE OF	STATUS				

Examiner's Initials

2006 AUG 1 1 PM 2: 42

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		7.0502, 607, 1508, or 617, 1508, Florida Statutes, this	
		rganized under the laws of the State of Florida egistered agent, or both, in the State of Florida.	
	• • • • • • • • • • • • • • • • • • • •		
	the corporation: Work & Holiday Hol	•	
2. The principal	office address: AM Taunengraben (37A, Bad Homburg 61352	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 03/13/2006	Document number: P06000036838	
	d street address of the current register runent of State:	red agent and registered office on file with the	
	Corporate Creations Networ	k, Inc.	
	11380 Prosperity Farms Ro	oad, #221E	
	Palm Beach Gardens, FL 33	3410	Σ
6. The name an (if changed):	d street address of the new registered	agent (if changed) and /or registered office	LLAHASSEE
	CorpDirect Agents, Inc.		SSEE
	515 E. Park Avenue		E PS
	(P.O. Box NOT acce	grable)	SR.
The street addr	ess of its registered office and the s	treet address of the business office of its registered	agent,
-		lopted by its board of directors or by an officer so en notified in writing of the change.	
	11/	Wim J. Gerrits	
	nut Was afficer or director)	(Printed or typed name and title)	
I hereby accept I further agree of my duties, at document is be carporation ha	ifficiappointment as registered age to comply with the provisions of all milliam familiar with and accept the high fled merely to reflect a change is been notified in writing of this child been notified in writing of this child.	nt and agree to act in this capacity, I statutes relative to the proper and complete perfo e obligation of my position as registered agent. Or in the registered office address, I hereby confirm t ange.	rmance r, if this hat the
17/11	VICLEH SST. be.	08/10/2006	
If signing on b	enature of Registered Agent) chalf of an entity:	(Date)	•
Patricia Tadl	•		
	Typod 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)