P06000087671

(Re	equestor's Name)	
(Ad	ldress)	
	_	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	"

Office Use Only



500113461815

01/03/08--01027--011 **35.00

PILED

08 JAN -3 AM 8: 24

SECRETARY OF STATE
ALLAHASSEE, FLORID

Pa Chang 01/10/08

TO: Amendment Section Division of Corporations
SUBJECT: TOURCLUBUSA. COM, INC. (Name of Corporation)
DOCUMENT NUMBER: P0600008767/
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:
SHIGEO NAKASHIMA (Name of Contact Person)
TOURCLUBUSA. COM, INC. (Firm/Company)
7041 Grand National Dr. Suite 130 (Address)
Orlando, Ft L 328/9 (City/State and Zip Code)
For further information concerning this matter, please call:
Shigeo Nakashima at (407) 376-013 / (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

-	nge is submitted	for a corporat	ion organizea	07.1508, or 617. I under the laws o agent, or both, i	of the State of	ſ <u></u>	is
1. The name of t	he corporation:	TOURCE	LUBUSA	. COM, 1	VC.		
2. The principal		— (Grand	National 32819	Dr.	Suite	130
3. The mailing a	ddress (if differe	·					
4. Date of incorp	oration/qualific	ation: 06/2	8/2006	_ Document nun	nber: <u>PO</u>	60000	8767
5. The name and				and registered o			
	NAKAS	HIMA,	SHIGE	0			
	7061 G	arand N	lational	Dr. Su	ùte 132	2_	
	Orlando	, Fil	328	19			
6. The name and (if changed):		SHIMA, Grand (P.O. Box NO	SHIGE Nationa Tacceptable) 328/	10 1 Dr. Su	iite 13 C	ECRÉTARY OF SI LLAHASSEE, FLO	DE JAN -3 AM 8:
The street addre							
Such change wa authorized by th	s authorized by se board, or the	resolution du corporation ha	ly adopted by is been notific	its board of dire d in writing of t	ectors or by a the change.	an officer so	ı
(Signatu	re of an officer or dur	ector)	· · ·	Shigeo No	akashima or typed name an	d ntie) Presi	iden t
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointmen o comply with t d I am familiar ng filed merely been notified i	t as registered he provisions with and acce to reflect a chi n writing of thi	l agent and a of all statutes of the obligat ange in the re is change.	gree to act in thi relative to the p ion of my position gistered office a	s capacity. Proper and co on as registed Adress, I her	omplete perf red agent. (eby confirm	formance Or, if this that the
	0	, 	-,	12-28	-07		
,	nature of Registered				(Date)		
If signing on bel	half of an entity	:					
(7)	upad or Brintad Man	·					
(1	yped 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)