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(Requestor's Name)					
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PICK-UP	WAIT	MAIL			
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FILED SECRETARY OF STATE VISION, OF CORPORATIONS

Rolch8 (10)10/08

COVER LETTER

	TO: Amendment Section Division of Corporations						
	SUBJECT: PREFERRED CORPORATE TRAVEL, INC. (Name of Corporation)						
	(i. mile of cosposation)						
	DOCUMENT NUMBER: P08000026164						
	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:						
	PETER TICKTIN, ESQUIRE						
	(Name of Contact Person)						
	THE TICKTIN LAW GROUP, P.A.						
	(Firm/Company)						
	800 WEST HILLSBORO BOULEVARD, SUITE 220						
(Address)							
	DEERFIELD BEACH, FLORIDA 33063						
	(City/State and Zip Code)						
	For further information concerning this matter, please call:						
	PETER TICKTIN, ESQUIRE at / 954 \ 570-6757						
	PETER TICKTIN, ESQUIRE (Name of Contact Person) at (954) 570-6757 (Area Code & Daytime Telephone Number)						
	Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Street Address:						
	Amendment Section Amendment Section						
	Division of Corporations Division of Corporations						

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of ch	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statu n organized under the laws of the State of <u>FLC</u> r registered agent, or both, in the State of Flori	ORIDA		
	the corporation: PREFERRED CO				
		R DRIVE, BOCA RATON, FLORIDA 33496 US			
3. The mailing	address (if different):				
4. Date of incom	rporation/qualification; 03/12/200	Document number: P080000261	164		
	d street address of the current regis	stered agent and registered office on file with th	e		
	PETER TICKTIN, ESQUIR	RE	DIVIO		
	3700 COCONUT CREEK PARKWAY, SUITE 160				
	COCONUT CREEK, FLORIDA 33063				
6. The name an (if changed):		red agent (if changed) and /or registered office	OS OCT -6 PARS: OF		
	PETER TICKTIN, ESQUI	RE	23		
		BOULEVARD, SUITE 220			
	(P.O. Box NOT a				
The street addr	ess of its registered office and the	e street address of the business office of its re	gistered agent,		
· ·	,	adopted by its board of directors or by an offi been notified in writing of the change.			
(Signal	hare of an officer or director)	SHIRIT-LAMM-GURMAN, PRES	IDENT		
I hereby accept I further agree	t the appointment as registered a	gent and agree to act in this capacity. all statutes relative to the proper and complet the obligation of my position as registered ag ge in the registered office address, I hereby co change.	te performance ent. Or, if this onfirm that the		
_ Ket		September 8, 2008			
	ignature of Registered Agent) ehalf of an entity:	(Date)			
11 91RHIHR OH DO	chair of all chiny:				
	Typed or Printed Name)	-			
	* * * FILI	NG FEE: \$35.00 * * *			

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