## P08000091983

(Re	questors Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	,

(ي

Office Use Only



800272340638

2A add

05/04/15--01017--012 \*\*35.00



5/8/15

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Proficient Travel Inc Name of Corporation		
DOCUMENT NUMBER: P 0 8 0000 9 19 8 3		
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:		
Noe lia Gisbert Name of Contact Person  Proficient Travel Inc Firm/Company  1781 NE 162 29 St.  Address  North Mani Beach, FC 33162  City/State and Zip Code		
B-mail address) (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Noelia Gisbert at (305) 749-8212  Name of Contact Person at (305) 749-8212  Area Code & Daytime Telephone Number		
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

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: Proficient Travel Inc
2. The principal office address: 1783 NE 162 M S+
North Migmi Beach, PL 33162
3. The mailing address (if different):
4. Date of incorporation/qualification: 10 09 2008 Document number: P08000091983
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)
Noelia Gisbert
1783 NE 162nd St
North Miami Beach, Fl 331621 =
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
North Mami Boach, FL 33162 P.O. Box NOT acceptable
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.
Working Signature of an officer or director  NOELIA 6 15 BERT - PRESIDENT  Printed or typed name and title
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.
Mossia Muslert 4/30/15 Signature of Registered Agent 10de
If signing on behalf of an entity:

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