P10000058113

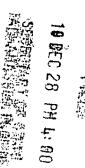
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



800188837388

12/28/10--01006--001 **35.00



2/5/1V

COVER LETTER

TO: Amendment Section Division of Corporation	ons .				
SUBJECT:	MONTECARLO TRAVEL, INC				
	Name of Corporation				
DOCUMENT NUMBER:	P10000058113				
The enclosed Statement of Ch	ange of Registered Office/Agent and fee are submitted for filing.				
Please return all corresponden	ce concerning this matter to the following:				
	LETICIA MONTERO RODRIGUEZ				
	Name of Contact Person				
	MONTECARLO TRAVEL, INC				
	Firm/Company				
501 VALENCIA AVE APT 10					
	Address				
	CORAL GABLES, FL 33134-5734				
	City/State and Zip Code				

For further information concerning this matter, please call:

LETICIA MONTERO RODRIGUEZ Name of Contact Person Area Code & Daytime Telephone Number

LAETITIA8888@HOTMAIL.COM E-mail address: (to be used for future annual report notification)

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

statement of ch	ange is submitted for a c	orporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of FLORIDA
1. The name of	the corporation: MON	TECARLO TE	RAVEL, INC	· ·
	office address: 501 V			
	SABLES, FL 33134-			·
3. The mailing	address (if different):			· · ·
4. Date of incom	poration/qualification:	07/09/2010	Document number:	P10000058113
	d street address of the cu rtment of State: (If resign	~ ~	nt and registered office on t	file with the
	LETICIA MONTE	RO RODRIGUE	Z	
	501 VALENCIA A	VE, APT 10		·
	CORAL GABLES,	FL 33134-5734		
6. The name an (if changed):			if changed) and /or register	ed office PH
	LETICIA MONTE			
	501 VALENCIA A	VE, APT 10	серцавіе	
	CORAL GABLES,			•
_			dress of the business offic	
authorized by t	he board, or the corpora	ition has been notif	ied in writing of the chang	ge.
	iger		Presedent Printed or typed nam	7
-	ire of an officer or director t the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to refle s been notified in writin	ristered agent and a visions of all statute ad accept the obliga ct a change in the r g of this change.	rinied or typed nan agree to act in this capacit is relative to the proper an ation of my position as reg egistered office address, l	•
	MA		12/22/	0
Sig	gnature of Registered Agent		Date	
	ehalf of an entity:			• *
LEFICIA 1	Plostice None	riquez		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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