

2/23/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

**REGISTERED AGENT CHANGE
GO TOUCH DOWN TRAVEL AND TOURS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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FEB 27 2019
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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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GO TOUCH DOWN TRAVEL AND TOURS, INC.
2. The principal office address: 1 S SCHOOL AVENUE SUITE 400,
SARASOTA, FL 34237
3. The mailing address (if different): POST OFFICE BOX 909
SARASOTA, FL 34230
4. Date of incorporation/qualification: 09/14/2010 Document number: P10000075503
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)

CASWELL, CHRIS

3700 S Tamiami Trail Suite 200

SARASOTA, FL 34239

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LEGALINC CORPORATE SERVICES INC.

5237 SUMMERLIN COMMONS BLVD, SUITE 400

P.O. Box NOT acceptable

FORT MYERS, FL, US, 33907

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.


Signature of an officer or director

Deon Barnard, Director

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.


Signature of Registered Agent

2/20/2019

Date

If signing on behalf of an entity:

Nancy Luna

Typed 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 (03/12)

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