

Division of Corporations

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P10000101810

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
TRAVEL MANAGEMENT GROUP, INC.

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

C. LEWIS
SEP 5 2013
EXAMINER

RECEIVED
13 SEP -5 AM 9: 03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Travel Management Group, Inc.
Name of Corporation

DOCUMENT NUMBER: P10000101810

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:

Joy Schroeder
Name of Contact Person
NRAI Corporate Services
Firm/Company
1021 Main Street, Suite 1150
Address
Houston, TX 77002
City/State and Zip Code
jschroeder@nrai.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joy Schroeder at 800 862-5438
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: Travel Management Group, Inc.
2. The principal office address: _____
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/17/2010 Document number: F10000101810
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)

Finlaw, Arthur P.
8910 E. Hwy CR 30A
Seagrave Beach, FL 32413

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

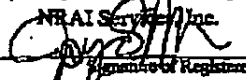
NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

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.

 Sue Moritt, VP of Operations
Signature of an officer or 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.

By:  9/4/2013
Signature of Registered Agent Date

If signing on behalf of an entity:
Joy Schroeder, Asst. Secretary
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
CR2R045 (03/12)

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