

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(B	dusiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only

000304020690

10/02/17--01011--013 **35.00

OCT 03 2017 S. YOUNG FILED

17 OCT -2 PH 4: 05

SECRETARISES FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: TRAVEL OFFICE Same of	'
DOCUMENT NUMBER: P 11 000	258877
The enclosed Statement of Change of Registered Off	fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Tease Description	
Firm/	Company Tre.
106 SQUIRE 1	
Longues FL City/State	and Zip Code
F-mail address: (to be used for	ATZES (OM future annual report notification)
For further information concerning this matter, please	,
HANK T. WARK, Name of Contact Person	at (6)) 202 - 6 2 3 () Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment 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

		0502, 607,1508, or 617,1308, Florida Statutes, this \ganized under the laws of the State of	
		sistered agent, or both, in the State of Florida.	
1. The name of	the corporation: TRAVIL	Office SOLUTIONS, INC.	
2. The principal	office address: 106 Sau	21 Hai Ross	
	LUNUMUS, FL 3:	2779	_
3. The mailing a	nddress (if different):		
4. Date of incorp	poration/qualification: 1/27/2	011 Document number: P 11 0000 5887	- 1
5. The name and		ed agent and registered office on file with the	
	HARK T. WATE	<u></u>	
	106 Soule Hu 1	Cv. 50	
	Lincusos, FL 357	77 · ES =	
		ment (if changed) and for registered office	
(if changed):	House Thomas	WARRES P. D.	ļ
	106 Com 14	Roan NOT acceptable 2 PH 15 CO PH 15 C	!
	PO Box	NOT acceptable 05	
	20,00000,772 3) 1+7	
The street addre as changed will	ess of its registered office and the strobe identical.	ret address of the business office of its registered agent.	
Such change wa authorized by th	is authorized by resolution duly adop ne board, or the corporation has been	nted by its board of directors or by an officer so notified in writing of the change.	
No. Signatur	re of an officer or director	Horse T Warre Person	
l further agree t performance of avent. Or. if thi	my duties, and I am familiar with an	tatutes relative to the proper and complete d'accept the obligation of my position as registered reflect a change in the registered office address, l	
Herry Sign	nature of Registered Agent	9-30 17 Date	
If signing on bel	half of an entity:		
Ту	ped or Printed Name		
	* * * FILING	FEE: \$35.00 * * *	