P12000078998

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C. LEWIS AUG 2 1 2013 EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

Viva Travel & Tours, Inc. SUBJECT: Name of Corporation P12000078998 **DOCUMENT NUMBER:**

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:

Miguel A. Maspons, Esq.

Name of Contact Person

Maspons, Sellek, Jacobs

Firm/Company

2333 Ponce De Leon Blvd., Suite 314

Coral Gables, Florida 33134

City/State and Zip Code

mmaspons@maspons.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa M. Collazo Area Code & Daytime Telephone Number

Name of Contact Person

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 char	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statu organized under the laws of the State of Flori egistered agent, or both, in the State of Flori	ida
1. The name of the	he corporation: VIVA TRAVEL	_ & TOURS, INC.	
2. The principal	office address: 6325 CORAL V	VAY, MIAMI, FLORIDA 33155	
3. The mailing ac	ddress (if different): Same as al	bove.	
4. Date of incorp	poration/qualification: 09/18/201	Document number: P120000	78998
	street address of the current registe tment of State: (If resigned, enter re-	red agent and registered office on file with the signed)	he
	Miguel A. I	Maspons, Esq.	
	Abadin Cook-9155 S. Dao	deland Blvd., Suite 1208	
	Miami, Flo	rida 33156	SECTION TO
6. The name and (if changed):	street address of the new registered	l agent (if changed) and /or registered office	TILEU 13 AUG 19 PH 3: 45 SECRETARY OF STATE SECRETARY OF STATE
	Miguel A. M	laspons, Esq.	中的
		333 Ponce De Leon Blvd., #314	PARE 55
		x NOT acceptable s, Florida 33134	P
The street addre		treet address of the business office of its reg	gistered agent,
Such change was	Sapthorized by resolution duly add E board, or the comporation has bee	opted by its board of directors or by an officen notified in writing of the change.	er so
I I I I I I I I I I I I I I I I I I I	the appointment as registered ages to comply with the provisions of all	sidinies relative to the proper and complet	of infact
nerformance of	my-duties, and I am familiar with a	and accept the obligation of my position as o reflect a change in the registered office ac fied in writing of this change.	registered
		8/14/13	
	nature of Registered Agent	Date	
It sign/fng on be	half of an entity:		
T	yped or Printed Name		

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