

P14000066047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Travel Management Agency, Inc.
Name of Corporation

DOCUMENT NUMBER: P14000066047

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:

Adam H. Steiger
Name of Contact Person

Travel Management Agency, Inc.
Firm/Company

7797 North University Drive, Suite 208
Address

Tamarac, FL 33321
City/State and Zip Code

Adam424@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Steiger at (516) 353-3999
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 Agency, Inc.
2. The principal office address: 7797 North University Drive, Suite 208
Tamarac, FL 33321
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/07/2014 Document number: P14000066047

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)

Adam H. Steiger

4050 SW 11th Terrace, Suite 2

Fort Lauderdale, FL 33315

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

Adam H. Steiger

7797 North University Drive, Suite 208

P.O. Box NOT acceptable

Tamarac, FL 33321

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.

Adam Steiger
Signature of an officer or director

Adam H. Steiger, CEO
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.

Adam Steiger
Signature of Registered Agent

5/16/16
Date

If signing on behalf of an entity:

Adam Steiger
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