

P15 0000 18897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

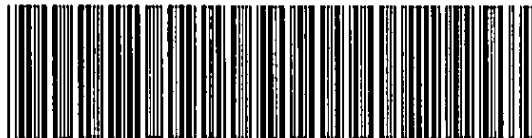
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUL 01 2020

ALBRITTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TAKE ME AWAY TRAVEL SERVICES, INC  
Name of Corporation

**DOCUMENT NUMBER:** P15000018897

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:

AIME PEREZ

Name of Contact Person

TAKE ME AWAY TRAVEL SERVICES, INC

Firm/Company

6405 NW 36 ST SUITE 219

Address

VIRGINIA GARDENS FLORIDA, 33166

City/State and Zip Code

aperez0306@hotmail.com

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

For further information concerning this matter, please call:

AIME PEREZ

Name of Contact Person

at (305) 510-7683

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Take Me Away Travel Services, Inc.
2. The principal office address: 6405 NW 36 ST Suite 219 Virginia Gardens, FL 33166
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/25/2015 Document number: P15000018897
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)

Aime Perez

6741 SW 24 ST # 18

Miami, FL 33155

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

Aime Perez

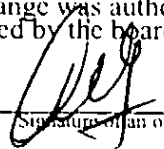
6405 NW 36 ST Suite 219

P.O. Box NOT acceptable

Virginia Gardens, FL 33166

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

Aime Perez  
\_\_\_\_\_  
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

06/09/2020  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (04/13)