

P16 0000 29446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

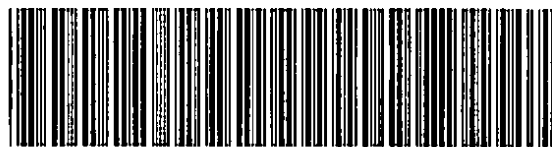
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 DEC -1 PM 2:01

T. LEMIEUX
DEC 16 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change Travel Corp.
Name of Corporation

DOCUMENT NUMBER: P16000029446

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:

Maxwell Jones
Name of Contact Person

Change Travel Corp.
Firm/Company

1317 Edgewater Dr #1180
Address

Orlando FL 32804
City/State and Zip Code

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

For further information concerning this matter, please call:

Maxwell Jones at (321) 405 2629
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: Change Travel Corp.
2. The principal office address: 1317 Edgewater Drive, Suite 1180, Orlando, FL 32804
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/28/2010 Document number: P16000029446
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)

Maxwell Jones

127 W Fairbanks Avenue, Suite 142, Winter Park, FL 32789

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

Randy Milliken

1317 Edgewater Dr

P.O. Box NOT acceptable

Orlando, FL 32804

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.



11-03-2021

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.

Randy Milliken

11-03-2021

Signature of Registered Agent

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 (03/12)