

P170000 44929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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S. YOUNG

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Better Life Travel Inc  
Name of Corporation

DOCUMENT NUMBER: P17000044929

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:

Sheena Ho

Name of Contact Person

Firm/Company

42-06A Bell Blvd, Suite#248

Address

Bayside, NY 11360

City/State and Zip Code

sheenaxlim@yahoo.com

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

For further information concerning this matter, please call:

Sheena Ho

Name of Contact Person

at ( 917 ) -716-8057

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: Better Life Travel Inc
- 2. The principal office address: 2670 Boat Cove Cir, Kissimmee, FL 34746
- 3. The mailing address (if different): 42-06A Bell Blvd, Suite# 248, Bayside, NY 11361
- 4. Date of incorporation/qualification: 05/18/2017 Document number: P17000044929
- 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)

Registered Agents Inc  
7901 4th Street North, Suite 300  
St. Petersburg, FL 33702

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

Sheena Ho  
2670 Boat Cove Cir  
P.O. Box NOT acceptable  
Kissimmee, FL 34746

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 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

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.

*Sheena Ho*  
 Signature of an officer or director

Sheena Ho president  
 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.*

*Sheena Ho*  
 Signature of Registered Agent

5/6/2020  
 Date

If signing on behalf of an entity:

\_\_\_\_\_  
 Typed or Printed Name

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