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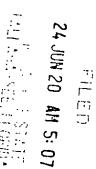
(Req	uestor's Name)			
(Add	ress)			
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PICK-UP	☐ WAIT	MAIL		
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36/20/24--01017--003 **\$5.00



COVER LETTER

то:	O: Amendment Section Division of Corporations					
SUBJ Name	ECT: CC TRAVEL USA CORP of Corporation					
DOC	UMENT NUMBER: P23000069769					
The e	nclosed Statement of Change of Register	ed Office/Agent and fee are submitted for filing.				
Please	e return all correspondence concerning th	is matter to the following:				
CARG	DLINA AVENDANO					
Name	of Contact Person					
Firm/	Company	<u></u>				
461 L	ilac Rd					
Addro	rss					
Casse	lberry, FL 32707					
City/S	state and Zip Code					
-	gdcffit@apoyoonline.com					
E-ma	il address: (to be used for future annu	al report notification)				
For fu	rther information concerning this matter.	, please call:				
DAVI	D DEFFIT	at (703) 920-4740 Area Code & Daytime Telephone Number				
	Name of Contact Person	Area Code & Daytime Telephone Number				
Enclo	sed is a \$35.00 check made payable to th	e Department of State.				
	Mailing Address: Amendment Section	Street Address:				
	Amendment Section Division of Corporations	Amendment Section Division of Corporations				
	P.O. Box 6327	The Centre of Tallahassee				
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810				
	1 4 1 4 1 4 1 4 1 4 1 1 1 1 1 1 1 1 1 1	Tallahassee, FL 32303				

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.050 inge is submitted for a corpore er to change its registered offic	ation organized u	nder the laws of the .	State of FLORIDA	
1. The name of	the corporation: CC TRAVEL.	USA CORP			
2. The principal	office address: 461 Lilac Road	. Casselberry, FL 3	32707		
3. The mailing a	nddress (if different):				
4. Date of incorp	poration/qualification: 10/01/2	023	Document number:	P23000069769	
	d street address of the current r rtment of State: (If resigned, e		nd registered office o	on file with the	
	Resigned		_		
6. The name and (if changed):	d street address of the new regi	istered agent (if cl	nanged) and /or regis	stered office	<u> </u>
	CAROLINA AVENDANO				コニーロ
	461 Lilac Rd			=	\bigcirc
	Casselberry, FL 32707	P.O. Box NOT ac	eceptable	5: 07	
-	ess of its registered office and be identical.				ent;
AVENDAÑO AV	as authorized by resolution due board, or the corporation h			or by an officer so inge. O, Managing Director	
(FIRMA) 112 I hereby accept I further agree to of my duties, and document is bei corporation has	MANINETERMAN NAME OF THE COLOR	d agent and agree of all statutes re the obligation ange in the regis	Printed or typed in	name and title	anc thi the
——————————————————————————————————————	DANO TR		05/14/	2024	_
(FIRMA) 1156	half of an entity:		Date		
T ₁	sped or Printed Name				

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