2000007078



ACCOUNT NO.

: 072100000032

REFERENCE

686384

AUTHORIZATION

COST LIMIT :

60000324Q4<u>Q6</u>—~7

ORDER DATE: May 4, 2000

ORDER TIME : 10:03 AM

ORDER NO. : 686384

CUSTOMER NO: 4351991

CUSTOMER: Ms. Mary Kay Jubert

Carlson Companies

1405 Xenium Lane North

Plymouth, MN 55441

CHANGE OF AGENT

NAME:

TRAVEL AGENTS INTERNATIONAL

FRANCHISING CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ____ PLAIN STAMPED COPY

G. COULLIETTE MAY 5 2000

CONTACT PERSON: Janine Lazzarini

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

Pursuant to the provisions of sections 607.0502, 617.0502, 6	
he undersigned corporation organized under the laws of the Sta	
submits the following statement in order to change its register	ea office or registered agent, or both, in
the State of Florida.	and Emprehicing Corp
1. The name of the corporation is: Travel Agents Internation	nai Franchising Corp.,
2. The mailing address of the corporation is: Mail Stop 824	9, 1405 Xenium Lane
Plymouth, MN 55441	<u> </u>
3. Date of incorporation/qualification: 11/24/92	Document number: P92000007078
4. The name and address of the current registered agent and offi	ice: TALL
Robert H. Reeves	
9887 Fourth St. P.O. Box 42008	ARY C
St. Petersburg, F1 33742-4008	D)F S
5. The name and address of the new registered agent and office	: (P. O. Box Not Acceptable)
Corporation Service Company	TE IO
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the street addresagent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its authorized by the board.	s board of directors or by an officer so
Na ? Le	5-3-2000
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Den E. Too. Accident Connetown	
Dan E. Lee, Assistant Secretary (Printed or typed name and title)	- <u> </u>
Having been named as registered agent and to accept service of corporation, I hereby accept the appointment as registered agent I further agree to comply with the provisions of all statutes relaperformance of my duties, and I am familiar with and accept the registered agent.	tive to the proper and complete
By: (Signature of Registered Agent)	(Date)
	\/
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)
* * * FILING FEE: \$35.00 * * *	

CR2EO45(7/97)