P94000085143

Requestor's Name

CRUISE PLANNERS℠

CP Franchising, Inc.
3300 University Drive, Suite 602
Coral Springs, FL 33065

000004787740--2
-01/22/02--01041--012
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
02 JAN 22 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☑ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

2

Examiner's Initials

CR2E031(7/97)

T BROWN JAN 24 2002

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, the undersigned corporation organized under the laws of the State of FLORIDA *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation : CRUISE PLANNERS, INC.

2. The mailing address of the corporation : 3300 University Drive - Suite #602
Coral Springs, FL 33065

3. Date of incorporation/qualification: 11/22/1994 Document number: P94000085143

4. The name and address of the current registered agent and office:

Lynn Korn
1278 N.W. 85th Terrace
Coral Springs FL 33071

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5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box **Not** Acceptable)

Lynn Korn
5909 N.W. 126th Terrace
Coral Springs, FL 33076

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.

Lynn Korn — 1/17/02
(Signature of an officer, chairman or vice chairman of the board) (Date)

Lynn KORN
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Lynn Korn — 1/17/02
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
LYNN KORN — Corporate Officer
(Typed or Printed Name) (Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314