Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations Fax Number : (850)617-	6380	** C
1 I O.H.	Account Name : CORPORATE Account Number : 1104320030 Phone : (561)694-0 Fax Number : (561)694-0	3107	PIONAL INC. RARDE
44,004	email address for this busine report mailings. Enter only	ess entity to be us one email address p	ed for future please.** ANG 1.6 2017
	REGISTERED AGEN ETOURANDTRAY		<u></u>
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Electronic Filing Menu

Corporate Filing Menu

Help

\$35,00

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

1. The name of the	ne corporation is: Etouran	dtravel. Inc					
2. The principal of	office address: 3626 QUA	DRANGLE B	LVD STE 400				
OKEANDO I	1. 32817						
The mailing ad	dress (if different): ONE	VANCE GAP	ROAD ATTN: LEGAL I	Form			
ASHEVILLE	NC 28805		NOND AT IN. LEGAL I)EP1			
4. Date of incorpo	oration/qualification:	12/7/1995	Dogwood N	DOSCOCO LOS			
5. The name and s Florida Departr	street address of the curre	nt registered ag	Document Number: ent and registered office o	P95000093492 on file with the			
<u>.c</u>	CORPORATION SERVICE CO	OMPANY					
<u>_1</u>	1201 HAYS STREET						
6. The name and s	ALLAHASSEE FL 32301-2	525		-			
·	6. The name and street address of the new registered agent (if changed) and for registered office (if changed):						
	Corporate Creations Network Inc.						
<u>_1</u>	1380 Prosperity Farms R	oad #221E		 -			
F	alm Beach Gardens FL.	x Not acceptable)					
The street address agent, as changed	of its registered office a	and the street	address of the business of	fice of its registered			
Such change was authorized by the t	authorized by resolution poard, or the corporation h	duly adopted as been notifie	by its board of directors of in writing of the change	or by an officer sc			
	of an officer of director)		atasha Duke, Attorney-in-Fact (Printed or Typed name	and fitta			
performance of my agent. Or, if this chereby confirm that	duties and I am familia-	with and acce	ree to act in this capacity. Atutes relative to the pro pt the obligation of my pos	per and complete sition as registered ed office address, I			
If signing on behalf	f of an entity:		(Bate)				
Natasha Duke, Sper	cial Secretary Printed Name)			ALSE 2			
Mai	MAKE CHECKS PAY L TO: DIVISION OF CORPO	ABLE TO FLOI DRATIONS, P.C	RIDA DEPARTMENT OF STA D. BOX 6327, TALLAHASSE	NT 322 77			
Corporate Creatio	ns International Inc.			5			
11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410							
(561) 694-8107	UIS FL 33410		20	20			