

P9600000 1195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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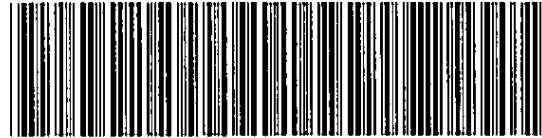
(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF COMMERCE
BUREAU OF ECONOMIC ANALYSIS

DEC 28 2019
C. H. H. H. H.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Carefree Vacations for all seasons
Name of Corporation

DOCUMENT NUMBER: P96000 001 195

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:

Debbie Williams
Name of Contact Person

Carefree Vacations
Firm/Company

5498 4th St. S.
Address

St Pete, FL 33705
City/State and Zip Code

Cruiseandtours@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Williams at (727) 523-1586
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
DIVISION OF CORPORATIONS
19 DEC 26 AM 8:37

**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: Carefree Vacations Four All Seasons
2. The principal office address: 5498 4th St. S.
St. Petersburg, Fl. 33705
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1-04-1996 Document number: P96DDDDDD1195
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)
Carefree Vacations Four All Seasons
6284 67th Lane N
Pinellas Park, Fl. 33781

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

Deborah Williams
5498 4th Street South
P.O. Box NOT acceptable
Saint Petersburg, Fl. 33705

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.

Deborah L. Williams
Signature of an officer or director

Deborah L. Williams 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.

Deborah L. Williams
Signature of Registered Agent

12/23/19
Date

If signing on behalf of an entity:

Deborah L. Williams
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)