3P960000 33445

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| (City/Clate/2lp/PHONE #) |
| PICK-UP WAIT MAIL |
| |
| . (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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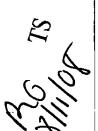
Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: PREFERRED TRAVEL ASSOC. INC. (Name of Corporation) |
| DOCUMENT NUMBER: \$\frac{\psi}{96000033445} |
| 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: |
| ANNETTE SALZBERG (Name of Contact Person) |
| PREFERRED TRAVEL ASSOC. INC. |
| 6646 NW 11246 AVE |
| PARKLAND F2. 73076 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| ANNETTE SALZBERLS at (954) 344-699 (Area Code & Daytime Telephone Number) |
| Enclosed is a \$35 (0) 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

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 |
|--|
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: PREFERRED TRAVEL ASSOCIATES, INC. |
| 2. The principal office address: 6646 NW 112+4 AVF |
| PARKLAND FL. 33076 |
| 3. The mailing address (if different): |
| |
| 4. Date of incorporation/qualification: 4/15/1996 Document number: P96000033445 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| |
| HNNETTE DALZBERG |
| 1061 W ATLANTIC DLVD |
| CORAL SPRINGS PL 37071 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| ANNETTE SALZBERG |
| 6646 NW 11246 AVE |
| P.O. Box NOT acceptable) |
| THRKCAND PL 77016 |
| 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 exporation has been notified in writing of the change. |
| Munite tale ANNETTE SAZBERG |
| 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. |
| Muty 7/30/2008 |
| (Signature of Registered Agent) If signing on behalf of an entity: |
| (Tuned as 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 (8/05)