ATTORNEYS AT LAW 3974 WOODCOCK DRIVE, SUITE 100 JACKSONVILLE, FLORIDA 32207 (904) 396-5321 FAX (904) 396-5730

FRED TROMBERG* ELIOT J. SAFER, P.A. DEBORAH L. GREENE *BOARD CERTIFIED CIVIL TRIAL LAWYER

TRANSMITTAL MEMORANDUM

TO:

Secretary of State

Florida Department of State Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

FROM:

Eliot J. Safer

SUBJECT: Travel Etc., Inc.

DATE:

April 6, 1998

We enclose the following for your information:

- (1)Statement of Change of Registered Office Registered Agent or Both for Corporations.
- (2)My check in the amount of \$35.00 to cover your filing fee.

Vicki G. Chastang cc:

No response is necessary. Should you have any questions, please contact us.

Florida Department of State, Jim Smith, Secretary of State

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

Florida St	to the provisions tatutes, the under submits to tred agent, or both	rsigned corpora he following stat	tion organiz ement in or	ed under the lav	, or 617.1508, ws of the State of s registered office
1a. The n	ame of the corp	oration is: Ti	cavel Etc	., Inc.	
1b. Date	of incorporation	07/10/19	96.	Document nur	mber P96000057
	name and addre		•	•	
Jack	ksonville, F	32216			78 B
	me and address (P.O. Box Not	of the new regis	stered agent	and office:	SEE FLORE
_	in, N. Chast	_	•		- 35
3750 Cr	icket Cove F	Road, East, J	<u>Jacksonvi</u>	lle, FL 322	224
of its regis	stered agent as	changed will be in the control of the board. Mastans	dentical. duly adopt	ed by its board	of directors or by Secretary and title
PROCESS IN THIS C AGENT A WITH THE PLETE PE	BEEN NAMED AS FOR THE ABO CERTIFICATE, I I ND AGREE TO A E PROVISIONS O ERFORMANCE O IGATION OF MY	VE STATED COMMEREBY ACCEPTOR ACT IN THIS CANDER ALL STATUTION MY DUTIES, AS PROPERTY OF MY DUTIES, AS PROPERTY AS	RPORATION T THE APPORATION PACITY. I F ES RELATIV AND I AM F IEGISTEREI IATURE	N AT THE PLAC OINTMENT AS I TURTHER AGRE VE TO THE PRO AMILIAR WITH A	E DESIGNATED REGISTERED EE TO COMPLY PER AND COM- AND ACCEPT
Divis	sion of Corpo	rations, P.O.	Box 6327	, Tallahassee	e, FL 32314

FILING FEE: \$35.00

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