

P97000089878

SECRETARY  
DIVISION OF CORP.  
03 MAR 27 PM 3:00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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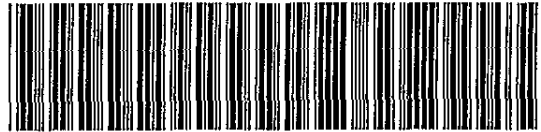
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Paragon Tours & Travel Inc.  
(Name of corporation)

DOCUMENT NUMBER: P970006 89878

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:

Lucretia LaBozzella  
(Name of person)

Paragon Tours & TRAVEL, Inc.  
(Name of firm/company)

8358 W. Oakland Park Blvd #102  
(Address) #2022

Sunrise, FL 33351  
(City/state and zip code)

For further information concerning this matter, please call:

Lucretia LaBozzella at (954) 746-7510  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399

# 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: PARASOL TOURS & TRAVEL, INC.
2. The principal office address: 8358 W. OAKLAND PARK BLVD.  
SUNRISE, FL 33351
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 10/97 Document number: P97000089878
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
Resigned

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

ROBERT J. SLOTKIN

2101 N. ANDREWS AVE.

(P.O. Box or personal mailbox NOT acceptable)

FT. LAUDERDALE FL 33311

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.

Lucretia Labozzetta  
(Signature of an officer, chairman or vice chairman of the board)

Lucretia Labozzetta, Pres.  
(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.

[Signature]  
(Signature of Registered Agent)

03-11-03  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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DIVISION OF CORPORATIONS  
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