

P98000009839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700187748477

11/19/10--01014--014 \*\*35.00

RECEIVED

10 NOV 19 PM 6:49

FILED

487-1740

PAID 11/23/10 TC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Homes4uu, The Travel Professionals, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P98000000 9839

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:

Tracy Stephens  
Name of Contact Person

Homes4uu, The Travel Professionals, Inc.  
Firm/Company

1120 Mann St  
Address

Kissimmee, FL 34741  
City/State and Zip Code

info@homes4uu@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Stephens at ( 407 ) 847-5330  
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

**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: Homes4uu, The Travel Professionals, Inc.
2. The principal office address: 1120 Mann St, Kissimmee, FL 34741
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/30/98 Document number: P980000009839
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)

Tracy Stephens

1120 Mann St

Kissimmee, FL 34741

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

Peter McGrath

801 North Magnolia Av, Ste 317

P.O. Box NOT acceptable

Orlando, FL 32803-3843

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.

[Signature]  
Signature of an officer or director

Tracy Stephens - CEO  
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 of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Tracy Stephens  
Typed or Printed Name

11/17/10

**\*\*\* 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)