

S41379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

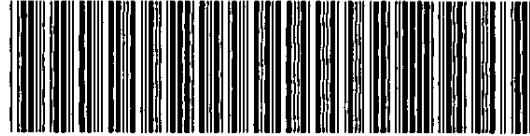
(Document Number)

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Special Instructions to Filing Officer:

James H. Gordon, III
gave permission to
correct the document.
JC
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15 AUG 14 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change

AUG 14 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2015

JAMES H. GORDON, III
EXECUTIVE TRAVEL & CRUISE SHOPPE, INC.
300 NORTH WOODLAND BOULEVARD, SUITE E
DELAND, FL 32720 US

SUBJECT: EXECUTIVE TRAVEL & CRUISE SHOPPE, INC.
Ref. Number: S41379

We have received your document for EXECUTIVE TRAVEL & CRUISE SHOPPE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon
Regulatory Specialist II

Letter Number: 515A00016944

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EXECUTIVE TRAVEL & CRUISE SHOPPE, INC.
Name of Corporation

DOCUMENT NUMBER: S41379

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:

JAMES H. GORDON, III
Name of Contact Person

EXECUTIVE TRAVEL & CRUISE SHOPPE, INC.
Firm/Company

300 NORTH WOODLAND BOULEVARD, SUITE E
Address

DELAND, FLORIDA 32720
City/State and Zip Code

GOGORDONS@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES H. GORDON, III at (386) 734-1977
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: EXECUTIVE TRAVEL + CRUISE SHOPPE, INC.
2. The principal office address: 302-C S. WOODLAND BOULEVARD,
DELAND, FLORIDA 32720
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: MARCH 22, 1991 Document number: 541379

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)

JAMES H. GORDON, III EXECUTIVE TRAVEL + CRUISE SHOPPE, INC.
300 N. WOODLAND BOULEVARD, SUITE E
DELAND, FLORIDA 32720

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

James H. Gordon, III
EXECUTIVE TRAVEL + CRUISE SHOPPE, INC.
302-C S. WOODLAND BOULEVARD,
DELAND, FLORIDA 32720

P.O. Box NOT acceptable

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

James H. Gordon, III
Signature of an officer or director

JAMES H. GORDON, III 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.

James H. Gordon, III
Signature of Registered Agent

AUGUST 6, 2015
Date

If signing on behalf of an entity:

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 (03/12)