## F17000003397

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## COVER LETTER

TO:	Amendment Section Division of Corporations	¥					
SUBJECT: Family Focus Travel, Inc.  Name of Corporation							
DOCU	UMENT NUMBER: F17000003397						
The en	iclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the	he following:					
	Sarah Johnson Name of Contact	Person					
Family Focus Travel, Inc.							
Firm/Company							
1103 S. Gables Blvd.							
Wheaton, IL 60189  City/State and Zip Code							
Sarah@familyfocustravel.com  E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Sara	h Johnson at	(630 ) 204-1877					
	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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or regist	nized under the laws of the State of	Uknora	·	
1. The name of	the corporation. Family Focus Travel, Inc	). 		<del></del>	
2. The principal	office address: 1103 S. Gables Blvd., W	heaton, IL 60189			
3. The mailing	address (if different): 20 Danada Square W	/est #262, Wheaton, IL 60189			
4. Date of incorporation/qualification: 04-22-2015 Document number: F17000003397					
	d street address of the current registered a rtment of State: (If resigned, enter resigned	<del>-</del>	rith the		
	Bruce Bailey				
	1747 Rodman St. 110		. <u>Co</u>	2(	
	Hollywood, FL 33020		TALL	2021 HAR	******
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				23	ATTENDA TELEPONE CHARLES CHARL
	Registered Agents Inc.			PM 2:	
	7901 4th St N STE 300		AIE	$\frac{\cdot \cdot}{\infty}$	
	St. Petersburg FL 33702	Cacceptable	-		
The street addr	ess of its registered office and the street be identical.	address of the business office of it	ts registered	agent,	1
Such change w authorized by t	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of directors or by an tified in writing of the change.	officer so		
Sacol	ire of an officer or director	Sarah Johnson, President Printed or typed name and tit	ile -		
l further agree performance of agent. Or. if th	the appointment as registered agent an to comply with the provisions of all stat my duties, and I am familiar with and a is document is heing filed merely to refl that the corporation has been notified i	utes relative to the proper and con accept the obligation of my position ect a change in the registered offic	nplete n as register ce address, i	ed I	
Bel Hame		03-17-2021			
Sig	mature of Registered Agent	Date			
If signing on be	chalf of an entity:				
Bill Havre	and a binal Name				
1	yped or Printed Name				

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

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