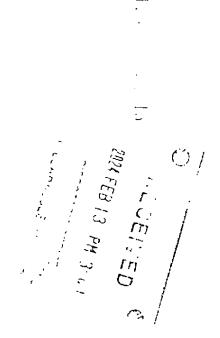


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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

REFERENCE: 303084 4713582

AUTHORIZATION :

COST LIMIT : \$ 35.60

ORDER DATE: February 1, 2024

ORDER TIME : 1:35 PM

ORDER NO. : 303084-226

CUSTOMER NO: 4713582

.

## CHANGE OF AGENT

NAME: RESORT TITLE AGENCY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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

statement of ch	ange is submitted for a corporat	, 617.0502, 607.1508, or 617.1508. Florida Statutes, this ion organized under the laws of the State of FL or registered agent, or both, in the State of Florida.	
	the corporation: RESORT TITLE	· · · · · · · · · · · · · · · · · · ·	
		cation Ave Suite 900 Boca Raton, FL	
3. The mailing	address (if different):		
4. Date of inco	Date of incorporation/qualification: 01/20/1982 Document number: F63858		
5. The name an		gistered agent and registered office on file with the	
	CORPORATE CREATIONS	NETWORK, INC.	
	801 US HIGHWAY 1		
	NORTH PALM BEACH	FL 33408	
o. The name an (if changed):	Corporation Service Compan	ered agent (if changed) and /or registered office  y	
	1201 Hays Street	P.O. Box NOT acceptable —	
	Tallahassee	FL 32301	
The street addr as changed wil	ress of its registered office and t I be identical.	he street address of the business office of its registered agent,	
Such change wanthorized by t	as authorized by resolution dul- the board, or the corporation has	y adopted by its board of directors or by an officer so is been notified in writing of the change.	
<u>X</u> :	ee E. agni	Jill Cilmi, Vice President	
l further agree of my duties, a document is be corporation ha	ure of an officer of director  I the appointment as registered  to comply with the provisions of  nd I am familiar with and accep- ing filed merely to reflect a cha  is been notified in writing of this  on Service Company	agent and agree to act in this capacity. If all statutes relative to the proper and complete performance of the obligation of my position as registered agent. Or, if this nge in the registered office address, I hereby confirm that the schange.	
By: Dig	gnature of Registered Agent	02/12/2024 Date	
	ehalf of an entity:	rzaic	
Grace E. K	irby, Asst. Vice President		
	Funed or Printed Name	<del>-</del>	

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