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ACCOUNT NO. : 072100000032 REFERENCE: 857988 7239973 AUTHORIZATION COST LIMIT ORDER DATE: February 8, 2006 ORDER TIME : 9:49 AM ORDER NO. : 857988-290 CUSTOMER NO: 7239973 CHANGE OF AGENT NAME: RESORTQUEST ORLANDO, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY PLAIN STAMPED COPY CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submits agent, or both, in the State	is of sections 608.41 the following staten of Florida.	16 or 608.508, nent in order to	Florida Statute change its regi	s, the undersigned limited istered office or registered	
1. The name of the limited	d liability company is	s: RESORTQUE	EST ORLANDO, LI	.C	
2. The mailing address of	the limited liability of	company is :			
8955 Highway 98 W, Suite 20	3, Destin, FL 32550				
				·-··	
January 14, 2003 3. Date of filing/registrati	on in Florida	-	L03000001529 4. Document nui	mhar	
5. Date of ming registrati	on m r tortaa	_	F. Document nur	noci	
5. The name of the registe Florida Department of S	red agent and the reg State:	istered office a	ddress as shown	on the records of the	
	СТС	Corporation System	<u>n</u>	•	
		Name			
1200 South Pine Island Road					
Address Plantation FL 33334					
Plantation, FL 33324 City, State and Zip					
6. The name and address of	_	•		FILL D 2006 FEB 10 PM 2: 38 TALLAHASSEE, FLORIDA	
	tine not regionated	agoni ana oi oi	1100.	四 30	
	Corporati	ion Service Compa	any	FLC 2:	
Corporation Service Company Name 1301 Hour Street					
1201 Hays Street					
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL	32301		
	City,	State and Zip			
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement (Signature of a member or authorize	ange or changes are in the registered agent we deby confirmed that the ited liability company to fithe limited liability.	made, the Florical be identical to change(s) way or as otherwish ty company.	da street address . Or, in the case is/were authorize	of the registered office of a Florida limited ed by an affirmative vote	
Maureen Cullen, Authorized Po (Printed or typed name of signee)	erson	<u>.</u>			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm the confirm to the confirm to the confirmal to the confi	ntment as registered of all statutes relative accept the obligation is document is being that the limited liabil.	agent and agree ve to the proper ns of my positic giled to merely ity company ha	e to act in this ca r and complete p on as registered o reflect a change s been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office in writing of this change.	
(Signature of Registered Agent) S	ylvia Queppet, Asst. Vice	President			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00