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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL				
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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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Office Use Only



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09 MAR 30 AM II: 51
SECRETARY OF STATE

M. THOMAS

MAR 3 1 2009

EXAMINER



National Registered Agents, Inc. 11600 College Boulevard Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

March 25, 2009

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Resorts of the World LLC

Change of Registered Office and Registered Agent

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the above captioned, Resorts of the World LLC, please find enclosed, in duplicate, a Statement of Change of Registered Office or Registered Agent accompanied by our check in the amount of Amount of \$25.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Matt Thompson

National Registered Agents, Inc.

Enclosure - Check

COVER LETTER

PO: Registration Section Division of Corporations				
SUBJECT: Resorts of the World LLC (Name of	Limited Liabil	ity Company)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change	and fee(s) are submitted for filing		
		.,	•	
Please return all correspondence concerning	3 this matter to	the following:		
•				
Lindsey Klemencic				
(Name of Person)		-		
National Registered Agents, Inc. (Firm/Company)		_		
(Fini/Company)			00	
11600 College Blvd., Suite 210			09 MAR 30 AM (1:51) SECHETARY OF STATE TAILLAHASSEE. FLORID	
(Address)		_	30	
			SET C	
Overland Park, KS 66210			H.S.	
(City/State and Zip Code)	•	_	MAR 30 AM II:51 ECHETARY OF STATE	
			7	
For further information concerning this mat	ter, please call:	:		
Lindsey Klemencic	_ at (<u>800</u>	550-6724 ext 523		
(Name of Person)	((Area Code & Daytime Telephone	Number)	
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations			
Clifton Building		. Box 6327		
2661 Executive Center Circle	Tall	ahassee, Florida 32314		
Tallahassee, Florida 32301				
Enclosed is a check for the followi	ng amount:			
	\$55 Filing Fee & Certified Copy			

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agoni, or com, in the state of			
1. The name of the limited li	iability company is:	Resorts of the World LLC	
2. The mailing address of the	e limited liability co	mpany is: 9060 Ludlam Rd	Mjami. FL 33156
Ü	•		
02/03/2003 L03000003934			
3. Date of filing/registration	in Florida	4. Document n	umber
5. The name of the registered Florida Department of Sta		tered office address as show	n on the records of the
<u>C</u>	orporation Service Co	mpany	
		Name	
<u>_1;</u>	201 Hays Street		
		Address	
<u></u>	allahassee, FL 32301	State and Zip	_
	• •	•	
6. The name and address of t	he new registered ag	gent and/or office:	
A I C	2Al Carriggo Inc		
<u>INF</u>	RAI Services, Inc.	Name	
27	31 Executive Park Dr		
		(P.O. Box NOT acceptable) PE
·	, 9, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	(1.11) ECAR
W	eston	FL 33331	ST
	City, S	tate and Zip	ĭfi-<
If the limited liability compaconfirmed that after the chan and the business office of the liability company, it is hereby of the members of the limite or the operating agreement o	ge or changes are me registered agent will y confirmed that the d liability company f the limited liability	ade, the Florida street addrest lb be identical. Or, in the case change(s) was/were authorior as otherwise provided in company.	ss of the registered of the se of a Florida limite.
(Signature of a momber of authorized	epresentative of a member	r)	•
	Redy -2	ELLIS	
(Printed or typed name of signee)		· 	
I hereby accept the appoint to comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm the NRAI Services. Inc. By: Manager (Signature of Registered Agent) Lindsey Klemencic/Assistant S		gent and agree to act in this to the proper and complete s of my position as registere iled to merely reflect a chan y company has been notified 	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.
Division o	f Corporations, P.	O. Box 6327, Tallahassee, I	⁷ L 32314

FILING FEE: \$25.00

INHS18 (8/05)