## L04000080354

(Re	questor's Name)	
(Adı	dress)	
(Ad-	dress)	
		_
(Cit	y/State/Zip/Phone	e#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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Design to the service of the service



ACCOUNT NO. : 07210000003	2
	7545057
AUTHORIZATION: Spullede	mantes &
COST LIMIT : \$ 25.00	SEP
ORDER DATE : September 22, 2006	PART TO
ORDER TIME : 3:42 PM	W B: 39
ORDER NO. : 472786-015	RIOT
CUSTOMER NO: 7545057	
CHANGE OF AGENT	
NAME: ALYS BEACH RESORTS, LLC	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILIN	īG:
CERTIFIED COPY  XX PLAIN STAMPED COPY	.:
CONTACT PERSON: Sara Lea EXT# 2914	
EXAMINER: _	

## 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.

1. The name of the limite	d liability company is: A	LYS BEACH	RESORTS, LLC	
2. The mailing address of	the limited liability com	pany is :		
P.O. Box 615500, Alys Beach	-	-		
November 4, 2004		<u>.</u> 1	L04000080354	<del> </del>
3. Date of filing/registrat	ion in Florida	4	. Document num	ber
5. The name of the register Florida Department of		red office ad	ldress as shown or	n the records of the
	C T Corpo	oration System	<u>.</u>	
	N	lame		•
	1200 South	Pine Island Ro	oad	
	Ac	ddress		
	Plantatio	on, FL 33324	·	ALSE S
	City, St	ate and Zip		是图刊
6. The name and address	of the new registered ager	nt and/or off	fice:	EASS.
	Corporation S	Service Compa	ny	mo z m
	Na	me		6: 39 FLORI
	1201 H	ays Street		95 3
	Florida street address (I	P.O. Box NO	OT acceptable)	OF A
	Tallahassee	FL	32301	
	City, Stat	te and Zip		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement (Signature of a member or author)	hange or changes are mad the registered agent will reby confirmed that the claited liability company or at of the limited liability of	le, the Florid be identical hange(s) wat as otherwist company.	la street address o . Or, in the case of s/were authorized	of the registered office of a Florida limited by an affirmative vote
hard Bozzelli, Authorized Perse	on on behalf of Ebsco Gulf De	velonment Inc	Manager	
(Printed or typed name of signee)			,	·÷.
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm			e to act in this cap and complete per in as registered as reflect a change is been notified in	pacity. I further agree to formance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)	Sylvia Queppet, Assistant Vice	President		= = <del></del>
, , , , , , , , , , , , , , , , , , ,	on of Corporations, P.O.		Tallahassee, FI	32314
~ 1 7 10 10	<del>-</del>	FEE: \$25.0		<del></del> -