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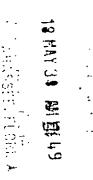
Office Use Only



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JUN O 1 2018



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

Pursuant to the provisions of sections 605,0114 or 605,0116, 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.

L N	lame of the limited liability company: ILG MANAGEI	MENT, LLC	
2. (a)	6262 Sunset Drive Principal office address of limited liability company:	(h)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	Miami, FL 33143		
3	11/06/2012	–	00141125
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Corporation Creations Network, Inc.		
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:
	11380 Prosperity Farms Road, #221E		_
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	Deler Desert Conde		
	Palm Beach Gardens . FL	, 33410	
(b)	Corporation Service Company		Was Min 19
` ′	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	1201 Hays Street		
	NEW Registered Office Address:		3-
	Tallahassee . FL	32301	
If the I the chi	limited liability company is not organized under the lay ange or changes are made, the Florida street address of	ws of the State of	f Florida, it is hereby confirmed that after
agent	will be identical. Or, in the case of a Florida limited lia	ability company,	it is hereby confirmed that the change(s)
was/w the art	ere authorized by an affirmative vote of the members of the operating agreement of the	of the limited liab limited liability	oility company or as otherwise provided in
	X el & G Quel	·	
Signa	nture of a member or authorized representative of a member	Jili Cilili, At	Printed or typed name of signee
I here provis the ob-	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	ree to act in this of performance of defor in Chapter	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed
notifie	d in writing of this change.	негепу сопјігт П	насте итнеа навину сотрану наѕ вееп
(Leim Leil		
Signati	are of Registered Agent Corporation Service Company	BY: Ami M. 0	Casper, Asst. Vice President

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