## NO6000010254

(Re	questor's Name)				
(Add	dress)				
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	10. N. 65. (5)				
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Bu	siness Entity Nan	ne)			
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(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to I	Filing Officer:				
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G. Southiette MAR 2 5 2008

## **COVER LETTER**

TO:	Amendment Section •				
SUBJECT: Orlando Academy Cay Club I COA, Inc.  (Name of Corporation)					
DOCU	MENT NUMBER: N06000010254				
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
	Beryl J. Franklin (Name of Contact Person)				
	Celebrity Resorts of Orlando Management Company, LLC (Firm/Company)				
4700 Millenia Boulevard, Suite 600 (Address)					
	Orlando, Florida 32839				
(City/State and Zip Code)					
For fur	ther information concerning this matter, please call:				
Beryi J	Name of Contact Person)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)				
Enclose	ed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

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

statement of che	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida State or ganized under the laws of the State of Florida State of Flor	orida	
	er to change its registered office or rethe corporation: Orlando Academy	registered agent, or both, in the State of Flor	raa.	
		evard, Suite 600, Orlando, FL 32839	<del></del>	
2. The principal	office address: 4700 willeria Bodie	vala, Gaile Goo, Ghando, i E G2005		
3. The mailing	address (if different):			
4. Date of incom	poration/qualification: 9/29/06	Document number: N06000010	)254	
	d street address of the current registertment of State:	ered agent and registered office on file with	the	
	Holly A. Bower, Esq.		~,	
	12800 University Drive, Su	it <u>e</u> 260		
	Fort Meyers, FL 33907	A	00 H	
6. The name an (if changed):	d street address of the new registered	d agent (if changed) and /or registered office		
	Jared M. Meyers		TO B I	
4700 Millenia Boulevard, Suite 600				
	(P.O. Box NOT acc Orlando, FL 32839	reptable)	Dm >	
	ress of its registered office and the le le identical.	street address of the business office of its		
Such change wanthorized by the	as authorized by resolution duly ache board, or the corporation has be	dopted by its board of directors or by an or een notified in writing of the change.	fficer so	
- Capana	ture of an officer or director)	Jared M. Meyers, President	e)	
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as registered age to comply with the provisions of a nd I am familiar with and accept th ing filed merely to reflect a chang is been notified in writing of this cl	ent and agree to act in this capacity. It statutes relative to the proper and comp he obligation of my position as registered to e in the registered office address, I hereby hange.	lete performance agent. Or, if this confirm that the	
(S	And Megistered Agent Agent	3/19/200X (Date)		
	ehalf of an entity:			
	(Typod or Printed Name)	. ==		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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