## P08000074133

(1	Requestor's Name)
(,	Address)
(,	Address)
(1	City/State/Zip/Phone #)
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(1	Document Number)
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SECRETARY OF STATE OF STATE OF CORPORATION 12 DEC 17 PM 3: 05

R.A.

DEC 1 8 2012

T. BROWN

## COVER LETTER

TO: Amendment Section Division of Corporations

Interval Club Holdings, Inc.

Name of Corporation

208000074133

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ross E. Payne

Name of Contact Person

Caldwell & Payne, P.A

Firm/Company

P.O. Box 120069

Address

Clermont, FL 34711

City/State and Zip Code

rpayne@caldwellpayne.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ross E. Payne

Name of Contact Person

897-8164
Code & Daytime Telephone Number

Enclosed 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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of	Florida	this	_
1. The name of the corporation: Interval Club Holdings, Inc.			
2. The principal office address: 25 Town Center Boulevard, Suite C, Clerm	ont, FL	. 3471	4
3. The mailing address (if different): P.O. Box 120069, Clermont, Florida 34	712-00	69	
4. Date of incorporation/qualification: 08/07/2008 Document number: P080	00074	133	
5. The name and street address of the current registered agent and registered office on file v Florida Department of State: (If resigned, enter resigned)	vith the		
Caldwell & Payne, P.A.			
2215 Cluster Oak Drive, Suite 3	_	<b>4</b>	2 45
Clermont, FL 34711	SIGN C		SICE SICE SICE SICE SICE SICE SICE SICE
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):		) 17 17# 3:	TARY OF SI
25 Town Center Boulevard, Suite C		20	
P.O Box NOT acceptable Clermont, FL 34714	<del>-</del>		
The street address of its registered office and the street address of the business office of as changed will be identical.	ts registe	red age	nt,
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.	officer s	ю	
Signature of an officer or director  President  Printed or typed name and to	itle		_
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and conperformance of my duties, and I am familiar with and accept the obligation of my position agent. Or, if this document is being filed merely to reflect a change in the registered offinereby confirm that the corporation has been notified in writing of this change.	mplete on as regi	stered ss, I	
$\mathcal{A}$			
Signature of Registered Agent Date			-
If signing on behalf of an entity:			
Typed or Printed Name			

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