I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

DVPS

SIGNATURE: CLAIRE CALLEN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# K84877

Entity Name: GULF RESORTS, INC.

Current Principal Place of Business:

605 LINCOLN ROAD #320 MIAMI BEACH, FL 33139

Current Mailing Address:

605 LINCOLN ROAD #320 MIAMI BEACH, FL 33139 US

FEI Number: 59-2960543

Name and Address of Current Registered Agent:

CALLEN, CLAIRE 605 LINCOLN ROAD #320 MIAMI BEACH, FL 33139 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	CLAIRE CALLEN			02/12/2016
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	DP	Title	DVPS	
Name	CALLEN, NICOLE	Name	CALLEN, CLAIRE	
Address	605 LINCOLN ROAD #320	Address	605 LINCOLN ROAD #320	
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139	

Certificate of Status Desired: No

02/12/2016 Date

FILED Feb 12, 2016 Secretary of State CC8198701732