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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA MCGORTY

Electronic Signature of Signing Authorized Person(s) Detail

MEMBER, LLC

01/16/2017

Date

Jan 16, 2017 Secretary of State CC2087011949

FILED

Date

Certificate of Status Desired: Yes

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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	MCGORTY, JOHN W	Name	MCGORTY, LISA J
Address	42 STONEBRIDGE ROAD	Address	42 STONEBRIDGE ROAD
City-State-Zip:	WILTON CT 06897	City-State-Zip:	WILTON CT 06897

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000006926

Entity Name: AMELIA ISLAND VACATIONS, LLC

Current Principal Place of Business:

5010 SUMMER BEACH BOULEVARD #607 SAILMAKER FERNANDINA BEACH, FL 32034

Current Mailing Address:

42 STONEBRIDGE ROAD WILTON, CT 06897 US

FEI Number: 47-2787112

Name and Address of Current Registered Agent:

INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 US