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.

LLC MEMBER

SIGNATURE: LISA MCGORTY

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: AMELIA ISLAND VACATIONS, LLC Current Principal Place of Business:

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT# L1500006926

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

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 :

AMBR	Title	AMBR
MCGORTY, JOHN W	Name	MCGORTY, LISA J
42 STONEBRIDGE ROAD	Address	42 STONEBRIDGE ROAD
WILTON CT 06897	City-State-Zip:	WILTON CT 06897
	AMBR MCGORTY, JOHN W 42 STONEBRIDGE ROAD	AMBRTitleMCGORTY, JOHN WName42 STONEBRIDGE ROADAddress

Certificate of Status Desired: No

Date

FILED Jan 17, 2018 Secretary of State CC2418002817

01/17/2018 Date