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. ANGELA MARTIN,

SIGNATURE: DREYER, ELIZABETH

Electronic Signature of Signing Authorized Person(s) Detail

Title	MGR
Name	TOSCANO, MICHAEL
Address	14 SYLVAN WAY
City-State-Zip:	PARSIPPANY NJ 07054
	Name Address

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.

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 US

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FORT WALTON BEACH FL 32548

Entity Name: TOPS'L DEVELOPMENT, LLC

Current Principal Place of Business:

DOCUMENT# M05000005352

546 MARY ESTHER CUT-OFF NW, SUITE 3

Current Mailing Address:

6277 SEA HARBOR DRIVE C/O WYNDHAM VACATION MANAGEMENT, INC. ORLANDO, FL 32821 US

FEI Number: 20-4598724

SIGNATURE:

Address

City-State-Zip:

6277 SEA HARBOR DRIVE

ORLANDO FL 32821

Certificate of Status Desired: No

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

04/17/2019

ATTORNEY-IN-FACT

FILED Apr 17, 2019 Secretary of State 4732872908CC

Date

Date