760073

	Requestor's Name)		
,	,		
	Address)		
	Address)		
(0	City/State/Zip/Phone #)		
_			
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
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Office Use Only

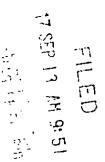


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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 6, 2017

Order#: 750938/008

Re: EAGLE'S NEST ON MARCO BEACH CONDOMINIUM ASSOCIATION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	se provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
statement of cha	hange is submitted for a corporation organized under the laws of the Nate of Florida	 .
	der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	of the corporation: EAGLE'S NEST ON MARCO BEACH CONDOMINIUM ASSOCIATION, IN	<u></u>
2. The principal	al office address: 410 S. Collier Boulevard, Marco Island, FL 34145	·
		
3. The mailing a	g address (if different): 599 S. Collier Boulevard, Suite 113, Marco Island, Ft. 34145	
4. Date of incor	orporation/qualification: 09/17/1981 Document number: 760073	
5. The name and Florida Depar	and street address of the current registered agent and registered office on file with the partment of State; (If resigned, enter resigned)	
	Hilton Grand Vacations Management, LLC	
	6355 Metrowest Boulevard, Suite 180	
	Orlando, FL 32835	
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office):	等可用
	Corporation Service Company	强 至 四
	1201 Hays Street	اَ هِي اِنْ
	P.O. Box NOT acceptable	<u> </u>
	Tallahassee FL 32301	÷:
The street address changed will	iress of its registered office and the street address of the business office of its registered ag ill be identical.	ent,
	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Sharin	number of the outer of disease > ,	tropisont:
I hereby accept I further agree performance of agent. Or, if th hereby confirm Copporatio By:	pt the appointment as registered agent and agree to act in this capacity, be to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered this document is being filed merely to reflect a change in the registered office address, I in that the corporation has been notified in writing of this change. Service Company	,
	Signature of Registered Agent Date	
	behalf of an entity:	•
	er, Asst. Vice President	•
Т	Typed or Printed Name	

* * * FILING PEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314 CR2E045 (03/12)