765764

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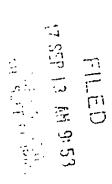


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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

ami.casper@cscglobal.com From: Ami Casper

Date: September 6, 2017

Order#: 750938/029

Re: PLANTATION BEACH CLUB 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 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

		registered agent, or both, in the State of Florida.
1. The name of	the corporation: PLANTATION BE	ACH CLUB CONDOMINIUM ASSOCIATION, INC.
2. The principal	office address: 329 NE Tradewin	1 Land, Stuart, FL 34996
3. The mailing	address (if different): 599 S. Collie	r Boulevard, #113, Marco Island, FL 34145
4. Date of inco	rporation/qualification: 11/16/198	2Document number:765764
5. The name an Florida Depa	nd street address of the current regis artment of State: (If resigned, enter	tered agent and registered office on file with the resigned)
	Hilton Grand Vacations Manage	ment, LLC
	6355 Metrowest Boulevard, Suite 180	
	Orlando, FL 32835	
6. The name an (if changed):	:	ed agent (if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	
	P.O.: Tallahassee	FL 32301
as changed Wil	n de naemnear.	street address of the business office of its registered agent, adopted by its board of directors or by an officer so econ notified in writing of the change.
Sand	Malenn	SANFORD SEAR LEMAN. President Printed or typed name and title
I hereby accep I further agree performance of agent, or, if t hereby confirm Corporati	e to comply with the provisions of	gent and agree to act in this capacity. The statutes relative to the proper and complete the and accept the obligation of my position as registered to reflect a change in the registered office address, I stiffed in writing of this change.
By:	figuative of Registered Agent	Dails
If signing on t	ochalf of an entity:	•
Aml M. Caspe	er, Asst. Vice President	-
	Typed or Printed Name	,

MAKE CHICKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314