

# A96000000998

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

900003362689--7

-08/18/00--01046--009

\*\*\*\*105.00 \*\*\*\*\*35.00

Vistana WGV, Ltd.

- ☐ Profit ☐ NonProfit ☐ Limited Liability Company ☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Limited Liability Partnership ☐ Certified Copy ☐ Call When Ready ☒ Walk In ☐ Mail Out
- ☐ Amendment ☐ Dissolution/Withdrawal ☐ Annual Report ☐ Reservation ☐ Photo Copies ☐ Call if Problem ☐ Will Wait
- ☐ Merger ☐ Mark ☐ Other ☒ Change of R.A. ☐ Fictitious Name ☐ CUS ☐ After 4:30 ☒ Pick Up

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hny/18

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 AUG 18 PM 1:26

1. Vistana WGV, Ltd. Name of the limited partnership
2. 5-28-96 Date of filing/registration in Florida 3. A96000000998 Document number assigned
4. The name and address of the present registered agent and office:

Corporation Service Company  
1201 Hays Street  
Tallahassee FL 32301-2525

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

CT Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324

Such change was authorized by the general partners.

Vistana WGV Holdings, Inc., as sole general partner of Vistana WGV, Ltd.

BY: *Peter Souza* Signature of General Partner

8-9-00 Date

*Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

*Peter Souza*  
PETER F. SOUZA  
ASSISTANT SECRETARY

Registered Agent signature

8/16/00 Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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