

# BOL 000000304

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

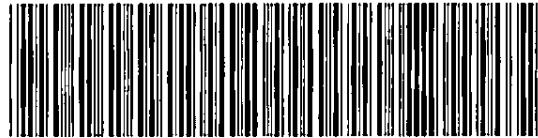
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



500441638685

2025 JAN -2 PM 3:13

2025 JAN -2 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 847608 5057825

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : December 18, 2024

ORDER TIME : 12:37 PM

ORDER NO. : 847608-037

CUSTOMER NO: 5057825

CHANGE OF AGENT

NAME: CHAMPIONSGATE RENTAL MANAGER  
1, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
2025 JAN -2 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. CHAMPIONSGATE RENTAL MANAGER 1, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/01/2006 3. B06000000304  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T CORPORATION SYSTEM  
Name  
1200 SOUTH PINE ISLAND ROAD  
Address  
PLANTATION, FL 33324  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box not acceptable)  
Tallahassee FL 32301  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

/s/Ira M. Mitzner By: CHAMPIONSGATE RENTAL MANAGER 1 GP, LLC, General Partner  
Signature of General Partner Ira M. Mitzner, Authorized Person

*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 obligations of my position as registered agent.*

Grace E. Kirby  
Signature of Registered Agent Grace E. Kirby, Asst. Vice President

Filing Fee: **\$35.00**  
Certified Copy (optional): **\$52.50**

FILED  
2006 JAN -2 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FL