

B22000000541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

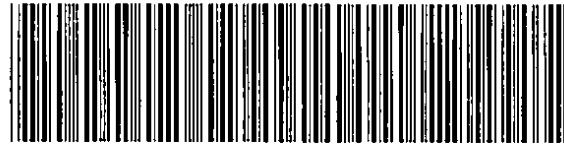
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RECEIVED

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

ACCOUNT NO. : I20000000195

REFERENCE : 568109 4322610

AUTHORIZATION :

COST LIMIT : \$ 35.00



ORDER DATE : July 31, 2024

ORDER TIME : 8:54 AM

ORDER NO. : 568109-031

CUSTOMER NO: 4322610

CHANGE OF AGENT

NAME: AMRESORTS, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY

XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS: _____

**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. AMRESORTS, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/22/2022

Date of filing/registration in Florida

3. B22000000541

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:

COGENCY GLOBAL INC.

Name

115 N. CALHOUN ST., STE. 4

Address

TALLAHASSEE, FL 32301

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/Marisa McHugh

Signature of General Partner AMR GP HOLDINGS, LLC General Partner by Marisa McHugh

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

568109

Filing Fee: \$35.00

Certified Copy (optional): \$52.50