CORPORATION(S) NAME						
Fairfield Myrtle Beach, Inc.						
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() Foreign	() Dissolution/Withdrawal		() Mark	8	PM 3: 33	
., .	() Reinstatement		•	>		
() Limited Partnership	() Annual Report		()Other			
()LLC	() Name Registration	_	Change of R	ŁA .		
	() Fictitious Name		() UCC			
() Certified Copy	() Photocopies		() CUS			
() Call When Ready	() Call If Problem		() After 4:30			
(x) Walk In	() Will Wait		(x) Pick Up			
() Mail Out						
Name	12/29/00		Order#: 3493	8628 CD.		
Availability	12/25/00		Oracin. 5495	Z S R	_	
Document	÷ .	-		ESE	8	77
Examiner			Ref#:	# S) DEC 29	m
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Verifier				がいい。	آه	[1]
W.P. Verifier		-	Amount: \$	700 F	₽ .	₹
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 **400003517304**—2 -12/29/00--01051--021 *****35.00 *****35.00

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

submits the fe		registered office or registered agent, or both, in
the State of F	·	·
1. The name	of the corporation: FAIRFIELD MY	RTLE BEACH, INC.
2. The mailin	g address of the corporation: 8669 Co	mmodity Circle, Suite 300,
_Orlan	do, FL 32819	
3. Date of in	corporation/qualification: 07/27/20	00 Document number: F00000004240
	and address of the current registered agen	
	Marcel J. Dumeny	
	c/o Fairfield Communitie	s, Inc.
5. The name		f changed) and/or registered office (if changed):
	CT Corporation System	
	1200 South Pine Island	Road
	Plantation, FL 33324	<u> </u>
agent, as cha	nged, will be identical.	et address of the business office of its registered
Such change authorized by	was authorized by resolution duly adopt	ed by its board of directors or by an officer so
	we of an officer, chairman of the box	12/26/00
	Dumeny, Vice President (Printed or typed name and title)	
Having been corporation, I further agree performance registered ag	named as registered agent and to accep I hereby accept the appointment as regi te to comply with the provisions of all st of my duties and I am familiar with and tent	t service of process for the above stated stered agent and agree to act in this capacity. atutes relative to the proper and complete I accept the obligation of my position as
		12/28/00
	(Signature of Registered Agent)	(Date)
If signing on be	half of an entity: PETER F. SOUZ	
· · · · · · · · · · · · · · · · · · ·	(Typed or Printed Name)	(Capacity)

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314