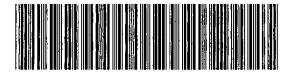
FD10000001418

(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



600163527876

600103537876 12/15/09-01033-0197765.00

09 DEC 15 PM 3: 27

7/RO/Ch8

COVER LETTER

10:	Amendment Section Division of Corporations			
SUBJE	ECT: Surrey Vacation Resorts, Inc.	orporation)		
DOCU	MENT NUMBER: FO 000001618			
	closed Statement of Change of Registered Office	Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter	to the following:		
	Sean Emerick			
	(Name of Con	tact Person)		
National Corporate Services, Inc.				
	(Firm/Coi	mpany)		
	2 Club Centre, Suite 5			
	(Addr	ess)		
	Edwardsville, IL 62025			
(City/State and Zip Code)				
For fur	ther information concerning this matter, please ca	all:		
	Sean Emerick (Name of Contact Person)	at (618) 656-3791 (Area Code & Daytime Telephone Number)		
Enclose	ed is a \$35.00 check made payable to the Departr	nent of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

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

statement of cha	nge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of Missouri stered agent, or both, in the State of Florida.	
1. The name of t	he corporation:	Surrey Vacation Resorts, Inc.	
	office address: 430 C State Hwy 165 S		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 03/22/2001	Document number: F01000001618	
	street address of the current registered tment of State:	agent and registered office on file with the	
	CT Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		_
6. The name and (if changed):	street address of the new registered ag	gent (if changed) and /or registered office	09 DEC 15 PM 3: 2
	NRAI Services, Inc.		5
	2731 Executive Park Drive	e, Suite 4	品
	(P.O Box NOT acceptal Weston, FL 33331	ole)	ب <u>ي</u> 2م
The street addre		et address of the business office of its registered ag	gent,
~			
authorized by th	be board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	
· -	re of an officer or director)	C.J. Perme, President (Printed or typed name and title)	_
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent to comply with the provisions of all st d I am familiar with and accept the ong filed merely to reflect a change in been notified in writing of this chant	and agree to act in this capacity. Intutes relative to the proper and complete perform bligation of my position as registered agent. Or, if the registered office address, I hereby confirm that ge.	ance f this t the
(Sig	enature of Registered Agent)	(Date)	_

If signing on behalf of an entity:

Sean L. Emerick, Assistant Secretary

(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *