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| (Re | equestor's Name) | | | | |
|-------------------------|-------------------|-------------|--|--|--|
| (Ad | ldress) | | | | |
| (Ad | ldress) | | | | |
| (Cit | ty/State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nar | me) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificate: | s of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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Office Use Only



100273036671

06/03/15--01015--011 **35.00



I ALBRITTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: June 1, 2015

Order#: 631601-086

Re: INTRAWEST RESORT OWNERSHIP U.S. CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

| _ | provisions of sections 607.050. | | | | | |
|---|---|-------------|--------------------|-------------------------|-------------|--|
| | inge is submitted for a corpora r to change its registered office | | | | | |
| | | _ | • | · | | |
| 1. The name of t | the corporation: INTRAWEST I | RESORT | OWNERSHIP U. | S. CORPORATION | <u> </u> | |
| | office address: treet Suite 300, Denver CO 80 | | | | | |
| 3. The mailing a | address (if different): | | | | | |
| 4. Date of incorp | poration/qualification: 06/15/2 | 001 | Document | number: <u></u> F010000 | 03184 | |
| | d street address of the current returnent of State: (If resigned, en | | | ed office on file wi | th the | |
| | CT CORPORATION SYSTEM | М | | | υ | <u>.</u> 3 |
| | 1200 SOUTH PINE ISLAND | ROAD | | | 2815 JUN -3 | N 5000000000000000000000000000000000000 |
| | PLANTATION | | FL | 33324 | E | 역장하 |
| 6. The name and (if changed): | d street address of the new regis | _ | nt (if changed) an | d /or registered off | | THE STATE OF THE PARTY OF THE P |
| | Corporation Service Compan | У | | | င်း | * ; |
| | 1201 Hays Street | | | | | |
| | Tallahassee | O. Box NOT | FL | 32301 | | |
| | I dildildssee | | FL. | 32301 | | |
| | ess of its registered office and be identical. | | | | | t, |
| authorized by th | as authorized by resolution du ne board, or the corporation ha | s been no | tified in writing | of the change. | | |
| To | | | Dona Priebe, V | | | |
| I hereby accept I further agree performance of agent. Or, if th. hereby confirm Corporatio | the appointment as registered to comply with the provisions my duties, and I am familiar vis document is being filed mer that the corporation has been on Service Company | of all stat | d agree to act in | a propar and com | nlata | |
| BA:Z J VC | nature of Registered Agent | 1-6 | | Date | | |
| If signing on be | chalf of an entity: | | | | | |
| Grace E. Kirby, | , Asst. Vice President | | | | | |
| T | yped or Printed Name | _ | | | | |
| | * * * FI | LING FE | E: \$35.00 * * * | | | |