## F02000057-66

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 939206 8346014					
AUTHORIZATION :					
COST LIMIT : \$ 35.00					
ORDER DATE : August 2, 2021					
ORDER TIME : 11:02 AM					
ORDER NO. : 939206-208					
CUSTOMER NO: 8346014					
<u>CHANGE OF AGENT</u>					
NAME. WODIDMADY THE CITE					
NAME: WORLDMARK, THE CLUB					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland					

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.050 mge is submitted for a corpor r to change its registered offi	ation organized under tl	he laws of the State of <u>C</u>	allfornia
- <del></del>	• • •	3	•	riaa.
	the corporation: WORLDN			
2. The principal	office address: 6277 Sea Ha	arbor Drive, Orlando, Fl	_ 32821	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 11/19	2002 Docum	nent number: F0200000	)5766
	street address of the current tment of State: (If resigned, e		istered office on file with	the
	Corporate Creations Netwo	ork, inc.		
	801 US Highway 1			
	North Palm Beach, FL 334	08		
6. The name and (if changed):	street address of the new reg	istered agent (if changed	i) and /or registered office	<b>e</b>
	Corporation Service Compa	any		
	1201 Hays Street			
	<del></del>	P.O. Box NOT acceptable		7
	Tallahassee		FL 32301	
The street addre	ss of its registered office and be identical.	I the street address of th	ne business office of its r	egistered agent.
Such change wa authorized by th	s authorized by resolution do e board, or the corporation h	ıly adopted by its board as been notified in writ	l of directors or by an of ing of the change.	ficer so
jodi rogers	- <u></u>	Jodi Roge	ers, Treasurer	
•	e of an officer or director		Printed or typed name and title	
By:	the appointment as registere of comply with the provisions of am familiar with and according filed merely to reflect a character for the company of the company of Registered Agent	d agent and agree to ac of all statutes relative ept the obligation of my iange in the registered is change.	t in this capacity, to the proper and complete position as registered a office address, I hereby to	ete performance igent. Or, if this confirm that the
_	nalf of an entity:		17410	
	Asst. Vice President			
Ту	ped or Printed Name			
	* * * P	ILING FEE: \$35.00 *	**	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)