## -06000002398

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PICK-UP WAIT MAIL				
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40008555554



ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: December 15, 2006

ORDER TIME : 10:41 AM

ORDER NO. : 669239-455

CUSTOMER NO: 7549971

## CHANGE OF AGENT

NAME: VAIL RR, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stat nge is submitted for a corporation organized under the laws of the State of <u>Co</u> r to change its registered office or registered agent, or both, in the State of Flor	lorado	, 	<b>.</b>
1. The name of t	he corporation: VAIL RR, INC.			
	office address: 137 Benchmark Road, Avon, CO 81620			
3. The mailing a	ddress (if different): P O BOX 7, Vail, CO 81658			
4. Date of incorp	poration/qualification: 04/14/2006 Document number: F060000023	398		
	street address of the current registered agent and registered office on file with timent of State:	he		
	C T Corporation System			
	1200 South Pine Island Road	HU:	20	
	Plantation, FL 33324	ECAET	O) FEB	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office Corporation Service Company	ARY OF ST	2007 FEB 13 PM 1	FILED
	<u> </u>	ATE )RID/	94:1	
	1201 Hays Street  (P.O. Box NOT acceptable)			
	Tallahassee, FL 32301			
The street addre	ss of its registered office and the street address of the business office of its r be identical.	egistered	i agen	t,
=	is authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.			
//x W	Maureen Cullen, Attorney In Fact (Printed or typed name and title	)		-
I hereby accept I further agree t of my duties, an document is beil corporation has Corporation By:	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered and filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.  Service Company as its agent  as its agent  (Date)	•	orman r, if th that th	ce iis ie
If signing on bel	half of an entity: <b>manda</b> Haggai:			
·	as its agent your Printed Name)			

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

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314