

(Re	questor's Name)	
(Ädd	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

MAY 3 1 2018 T. LETAIEUX





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 24, 2018

Order#: 202326-132

Re: ILG, INC.

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: Ami Casper c/o Corporation Service Company 251 Little Falls Drive 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.

QUCA.XCOA

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

Sument of cha	provisions of sections 607.0502, 617.02 ange is submitted for a corporation orga	mized under the la	ws of the	State of	Delaware
	er to change its registered office or regis	stered agent, or bo	th, in the	State of 1	Florida.
1. The name of	the corporation: ILG, INC.			•	
2. The principal	office address: 6262 Sunset Drive, Mi	ami, FL 33143			
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 11/14/2008	Document	number:	F08000	004914
	d street address of the current registered rtment of State: (If resigned, enter resigned)		ed office	on file w	ith the
	Corporate Creations Network Inc.				
	11380 Prosperity Farms Road, #221E				
	Palm Beach Gardens	FL	33410		
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) ar	nd /or regi	stered of	fice
	Corporation Service Company				
	1201 Hays Street			E S	2
	P.O. Box NO	OT acceptable		<u>-</u> F&- ≥%:	五二
	Tallahassee	FL.	32301	ASS.	T
The street address changed will	ess of its registered office and the stree be identical.	t address of the bi	usiness of		s registered agent,
Such change wa	as authorized by resolution duly adopto ne board, or the corporation has been n	ed by its board of o	directors of the cha	or 國 動	of Re er so
	el E agni	Jill Cilmi, Vice			
I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent a to comply with the provisions of all standard duties, and I am familiar with and is document is being filed merely to rethat the corporation has been notified on Service Company	nd agree to act in stutes relative to th accept the obligat flect a change in t in writing of this t	ne proper tion of my he registe	city. and con position	aplete i as registered
By:	nature of Registered Agent	05/24/2018	Date		
If signing on be	half of an entity:				
Ami M. Casper	, Asst. Vice President				
T	yped or Printed Name				

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