

(Requestor's Name)			
(Address)			
(Addiess)			
(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



700313681227

05/29/18--01036--018 **85.00

TILED

MERCHARY OF STATE

MAY 3 1 2010 T. LISTATEUX

PMG



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#: 202326-129

Re: ILG LUX FINANCE CORP.

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

statement of c	hange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of OC gistered agent, or both, in the State of Florida.	
	of the corporation: ILG LUX FINANCE		
	al office address: 6262 Sunset Drive, N		
2. The princip	al office address:		
3. The mailing	g address (if different):		
4. Date of incorporation/qualification: 01/11/2013		Document number: F13000000168	
	nd street address of the current registero partment of State: (If resigned, enter resi	ed agent and registered office on file with the gned)	
	Corporate Creations Network Inc.		
	11380 Prosperity Farms Road, #221E		
	Palm Beach Gardens	FL 33410	
6. The name a (if changed)		agent (if changed) and /or registered refine ARC ARC OF STATE OF THE	
	1201 Hays Street		
	P.O. Box 3 Tallahassee	NOT acceptable FL 32301	
The street add as changed wi	lress of its registered office and the strell be identical.	eet address of the business office of its registered agent.	
Such change vauthorized by	was authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	
Jee E. agnie		Jill Cilmi, Vice President	
Ignature of an officer or director		Printed or typed name and title	
I further agrei performance c agent. Or, if t hereby confiri	of my duties, and I am familiar with an	tatutes relative to the proper and complete d accept the obligation of my position as registered effect a change in the registered office address. I d in writing of this change.	
By: Ce	ignature of Registered Agent	05/23/2018 Date	
If signing on b	pehalf of an entity:		
Ami M. Caspe	er, Asst. Vice President		
· · · · · · · · · · · · · · · · · · ·	Tripped or Printed Name		

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