F16000003115

| (Reque | stor's Name | e) | | |
|---|-------------|---------------|--|--|
| (Address) | | | | |
| (Addres | ss) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificat | tes of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: May 25, 2016

Order#: 146761-010

Re: RESORT HOSPITALITY SOLUTIONS, 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 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.

QUCA.XCOA

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

| statement of cha | inge is submitted for a corporation | 617.0502, 607.1508, or 617.1508, on organized under the laws of the or registered agent, or both, in the | State of Delaware |
|--|--|---|---|
| 1. The name of | the corporation: RESORT HOSE | PITALITY SOLUTIONS, INC. | |
| | office address: One Vance Gap | | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incor | poration/qualification: 05/06/20 | 16 Document number: | F16000000 21 15 |
| 5. The name and | | istered agent and registered office | |
| | NRAI Services, Inc. | | |
| | 1200 South Pine Island Road | | Θ. Θ. Δ |
| | Plantation, FL 33324 | | |
| 6. The name and (if changed): | d street address of the new register | ered agent (if changed) and /or regi | stered office |
| | 1201 Hays Street | | |
| | P.O. Tallahassee | Box NOT acceptable FL 32301 | |
| The street address changed will | ess of its registered office and th be identical. | e street address of the business of | fice of its registered agent, |
| Such change was | as authorized by resolution duly board, or the corporation has | adopted by its board of directors of been notified in writing of the cha | or by an officer so nge. |
| Scott C. Styron, COO/Director Printed or typed name and title | | | |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | the appointment as registered a to comply with the provisions of my duties, and I am familiar wi is document is being filed merel | gent and agree to act in this capa all statutes relative to the proper th and accept the obligation of my y to reflect a change in the registe otified in writing of this change. | city. and complete position as registered |
| By: Ayun | anema of Registered Acons | 05/25/2016 | |
| • | enature of Régistered Agent | Date | |
| Sylvia Queppe | t, Asst. Vice President | | |
| Т | yped or Printed Name | _ | |

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