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	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	-	
		
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3 alms 2/12/24 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 629697 8428049 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: September 9, 2024 ORDER TIME : 10:11 AM ORDER NO. : 629697-020 CUSTOMER NO: 8428049 CHANGE OF AGENT NAME: 55 RESORT MANAGEMENT CORP. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 61 mge is submitted for a corporation r to change its registered office or .	organized under the law	vs of the State	of Delaw	/are	
1. The name of t	he corporation: 55 RESORT MANA	AGEMENT CORP				
	office address:					
•	Ave Ste 800 West Palm Beach, FL					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 08/23/2021	Document r	number: F21	00000485	5	
	I street address of the current regist tment of State: (If resigned, enter n	-	d office on fil	le with the		
	NRAI SERVICES INC					
	1200 S PINE ISLAND ROAD		<u>.</u>			
	PLANTATION	FL	33324			
6. The name and (if changed):	street address of the new registere	d agent (if changed) and	l /or registere	d office	2.3 2.3 3.4 3.4 3.4	
	Corporation Service Company				153	
	1201 Hays Street			SEE	≯	131
	I	P.O. Box NOT acceptable		- 77 AT 8	9:	
	Tallahassee	FL	32301		51	
The street addre	ss of its registered office and the be identical.	street address of the bu	siness office	of its regis	stered a	gent,
Such change wa authorized by th	s authorized by resolution duly ac the board, or the corporation has be	dopted by its board of den notified in writing o	lirectors or by If the change.	y an office	r so	
/s/ Bradley J.	Florin	Bradley J. Flori	n	CE)	
Signatur	e of an officer or director	Printe	d or typed name	and title		
I further agree t of my duties, an document is beil corporation has	the appointment as registered age o comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch n Service Company	ll statutes relative to the ne obligation of my posi in the registered office	e nraner and	complete	perforn 1. Or firm the	nance if this at the
By: Lin	ace CKNDL	09/05/2024				
	nature of Registered Agent		Date			•
If signing on bel	half of an entity:					
	Asst. Vice President					
Ту	ped or Printed Name					
	* * * FILIN	G 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)