970000340

(Requestor's Name)			
(Address)			
(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



300371811683

SEP 1 7 2021 ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 995845 7855256

AUTHORIZATION Sprelle ma

COST LIMIT : /s 35.00

ORDER DATE: September 13, 2021

ORDER TIME : 3:33 PM

ORDER NO. : 995845-241

CUSTOMER NO: 7855256

CHANGE OF AGENT

NAME: DIAMOND RESORTS MANAGEMENT,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation org	9502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of <u>AZ</u> gistered agent, or both, in the State of Florida.	
1. The name of t	he corporation: DIAMOND RESORTS	S MANAGEMENT, INC.	
2. The principal	office address: 16000 W Charleston E	Blvd, Las Vegas, NV 89135	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 07/10/1997	Document number: F97000003603	
5. The name and		d agent and registered office on file with the	
	NRAI SERVICES, INC		
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION, FL 33324	SEP	
6. The name and (if changed):	street address of the new registered a	gent (if changed) and /or registered office	
	Corporation Service Company	2: 0	
	1201 Hays Street		
P.O. Box NOT acceptable			
	Tallahassee	FL 32301	
The street addre	ss of its registered office and the stre be identical.	eet address of the business office of its registered agent.	
Such change wa authorized by th	s authorized by resolution duly adop e board, or the corporation has been	need by its board of directors or by an officer so notified in writing of the change.	
(Sin e cienci	Jill Cilmi, Vice President	
Signatur	of an officer or director	Printed or typed name and title	
I further agree to of my duties, and document is beir corporation has	the appointment as registered agent o comply with the provisions of all sident of all sident and accept the orginal and accept the orginal accept the forginal accept the forginal accept the orginal accept the forginal accept the province in the second acceptance of this change of this change acceptance Company	and agree to act in this capacity. tatutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge.	
By: Your	t-Kubi	09/13/2021	
Sign	nature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
	Asst. Vice President ped or Printed Name		
•,	•	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)