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CT CORPORATION SYSTEM				
660 EAST JEFFERSON ST	reer			
Requestor's Name TALLAHASSEE, FL 323	301			
Address	222–1092		and:	
City State Zip	Phone	90	0002615329 -08/13/9801079	7 022
CORPORAT	ΠΟΝ(S) NAME	~	*****35.00 ***** 	35.00
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( ) Limited Liability Co () Foreign		on/Withdrawal	() Mark	
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Walk In () Mail Out	() Will Wait		Pick Up	
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Document Examiner	•		SION STORY	
Updater (M)			98 AUG 13 PH 2: 16 WISION OF CORPORATION  Eff	
verifier (I)			PH	
Acknowledgment			2: I	
W.P. Verifier			NOI.	

CR2E031 (1-89)

## Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <a href="https://www.virginia">virginia</a> submits the following statement in order to change its registered office
or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: Plantation Resorts Group, Inc.
1b. Date of incorporation August 19, 1997 Document number F97000004356
2. The name and address of the current registered agent and office:  Anna Dirocco
1781 Park Center Drive, Orlando, FL 32835
3. The name and address of the new registered agent and office:  (P.O. Box Not Acceptable)  C T CORPORATION SYSTEM
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324
The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board    Line   Dewey W. Chambers, Vice President
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.
C T CORPORATION SYSTEM  SIGNATURE BY:  Shoan Morales (Registered Agent)  C. Morales  Special Asst. Secretary
DATE <u>8-10-18</u>
Division of Cornorations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00

(FLA, -2194 - 3/4/92)

CR2E045 (7-91)