

# K26995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

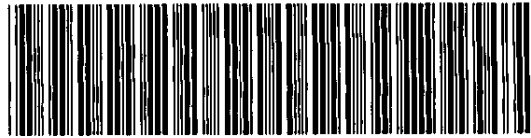
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/21/08--01002--019 \*\*35.00

*Change*

RECEIVED  
08 JUL 18 PM 3:59  
FILE  
DEPT. OF CORPORATIONS  
DIVISION OF FLORIDA  
TALLAHASSEE, FLORIDA  
2008 JUL 18 PM 4:51  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*ASR  
7/21/08*

FLORIDA RESEARCH & FILING SERVICES, INC.  
1211 CIRCLE DRIVE  
TALLAHASSEE, FL 32301  
PHONE (850)656-6446

OFFICE USE ONLY

WALK-IN

ENTITY NAME:

VACATION RESORT RESALES, INC.

CK# 340606

AMOUNT \$35.00

PLEASE FILE THE ATTACHED CHANGE OF AGENT & RETURN THE  
FOLLOWING:

\_\_\_ CERTIFIED COPY

XXX STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

Examiner's Initials

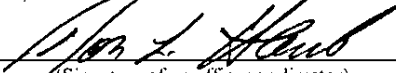
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Vacation Resort Resales, Inc.
2. The principal office address: 8505 West Irlo Bronson Memorial Hwy,  
Kissimmee, FL 34747
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/24/1988 Document number: K26995
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
Brian T. Lower  
8505 West Irlo Bronson Memorial Hwy,  
Kissimmee, FL 34747
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):  
NRAI Services, Inc.  
2731 Executive Park Drive, Suite 4  
(P.O. Box NOT acceptable)  
Weston, FL 33331

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

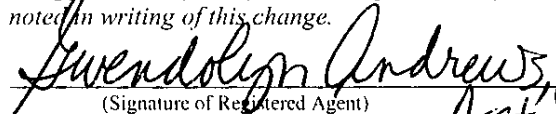
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Don L. Harrill, CEO/President  
(Printed or typed name and title)

*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. Or if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent) Asst. Secretary

7/17/08  
(Date)

If signing on behalf of an entity:

Gwendolyn Andrews, Asst. Secretary  
(Typed or Printed Name)

FILING FEE: \$35.00

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314