1-00000004511

CORP-LINK services, inc.

118 West Edwards Suite 200 Springfield, Illinois 62704

telephone: (217 (888 fax: (217

e-mail:

(217) 789-7550 (888) 927-7550 (217) 789-7570 corp-links.com

FILING REQUEST

To:	State of Florida	اس دینی : = = = = 	2	<u>~ŋ</u>
Date:	5-1-01			
From:	Stephanie Picco		<u>ф</u>	
Re:	Stay-N-Play RV Resort, L.L.C.	ی میں اور ایک اور ایک اور اور ایک اور اور اور اور اور اور اور اور اور اور اور اور	୯ମ Ƙ⊒	

Type of Document: Change of Agent

XX File with Secretary of State of Florida

 \underline{XX} Enclosed check in the amount of \$25.00.

XX Proof of filing needed

XX Return first class mail to:

600004139616---3 -05/07/01--01122--010 ******25.00 ******25.00

Corp-Link Services, Inc. Attn: Stephanie 118 West Edwards Street Springfield, IL 62704

****IF REJECTED PLEASE CALL

Thank you in advance for your assistance.

2 100-45M

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Stay-N-Play RV Resort, L.L.C.

2. The mailing address of the limited liability company is : <u>899 Knights Trail, Nokomis, FL 34275</u>

14/20/2000		

3. Date of filing/registration in Florida

4. Document number

L0000004571

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System			
Name	*-		
1200 South Pine Island Road			
Address	-		
Plantation, FL 33324			
City, State and Zip			
and address of the new registered agent and/or office:	۰.		
NRAI Services, Inc.		200 C	
Name 526 E. Park Avenue	-		
Florida street address (P.O. Box NOT acceptable)	<u> </u>		
Tallahassee FL 32301	<u></u>	. .	

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mitrachio	
(Signature of a member or authorized representative of a member)	

5. VINSKI, authorized representative

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. NRAI Services. Inc.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

6. The name

FILING FEE: \$25.00