1030000 18023

| (Re | equestor's Name) | |
|-------------------------|--------------------|---|
| (Ad | dress) | |
| (Ad | idress) | |
| (Cit | ry/State/Zip/Phone | o #) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | * • • • • • • • • • • • • • • • • • • • |
| | | |
| | | ; |
| | | |
| | | |

Office Use Only



900061725319

្នុកអំពីការ នៅលោក ស្គម។ ២២៤១ ឆ្នាំប

13/14093 AP

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Courte Rental Properties, LLC (Name of Corporation) |
| DOCUMENT NUMBER: L 630006 (8023 |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| (Name of Contact Person) |
| Vacations Only Inc. (Firm/Company) |
| 11059 International Drive (Address) |
| (Address) |
| Orlando, FL 32821 (City/State and Zip Code) |
| (City/State and Zip Code) は、 はいには、 はいには、 これには、 これにはいにはにはには、 これにはにはにはにはにはにはにはには、 これにはにはにはにはにはにはにはにはにはにはにはにはにはにはにはにはにはにはには |
| For further information concerning this matter, please call: |
| For further information concerning this matter, please call: The Hanky (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Final and the state of the stat |

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



December 7, 2005

TIM HANLEY 11059 INTERNATIONAL DRIVE ORLANDO, FL 32821

SUBJECT: COURTE RENTAL PROPERTY, LLC

Ref. Number: L03000018023

We have received your document for COURTE RENTAL PROPERTY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 405A00070765

Tim Hanley

11059 International Drive Orlando, Florida 32821 (407) 465-1888 Ext. 3101

March 17, 2006

Ms. Tammi Cline Document Specialist Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Please find enclosed our resubmittal of address changes and agents for the following companies:

Timeshare Resale Superstore, LLC Web Logix Online, LLC Courte Rental Property, LLC Tourist Information Services, LLC LHC Propereties, LLC

We originally filed the above changes on Corporate forms and not LLC forms. A check was sent and cashed with the original filing. Hopefully, it is still waiting for these forms to match up to the prior payment.

We apologize for the delayed turnaround. The move was more hectic than antipciated, and we entered season just as your letter arrived. Please don't hesitate to call me at 407-465-1888, extension 3101 with any questions.

Sincerely,

Tunetty P Hanley

enclosures

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

| Pursuant to the provisions liability company submits agent, or both, in the State | of sections 608 the following state of Florida. | 8.416 or 608.50 tement in orde | 08, Florida S r to change i | Statutes, the un its registered o | idersigned lii ffice or regis | nited tered |
|---|---|---|--|---|--|---------------------------------|
| 1. The name of the limited | liability compan | y is: | rte Renta | 1 Properties | , LLC | |
| 2. The mailing address of t | | | | • . | _ | |
| | | | Orland | FL 3282 | · t | _ |
| 5/19/03 | | | • | 000018023 | | |
| 3. Date of filing/registratio | n in Florida | _ | 4. Docum | ent number | | |
| 5. The name of the registere Florida Department of St | | ·= | | | cords of the | |
| - | Winter | Address P. L. E. City, State and I | 32785 Zip | | SOM 22 PH 2: | |
| 6. The name and address of | the new register | ed agent and/or | r office: | | | • |
| _ | _ Courte, | Louis | | | 73 | |
| | 11059 I | Name | 2 | | 19 | |
| | Florida street ad | | | | | |
| | Orland Ci | $_{	t FL}$ | 32821 | | _ | |
| _ | Ci | ty, State and Z | ip | | • | |
| If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here of the members of the limi or the operating agreement | inge or changes a he registered age; by confirmed tha ted liability comp of the limited lia | are made, the Floor will be ident at the change(s) cany or as other bility company | aws of the St lorida street a ical. Or, in the was/were au rwise provide | ate of Florida, inddress of the rethe case of a Florithorized by an and in the articles | it is hereby egistered office rida limited affirmative vo s of organizat | e ote ion |
| (Signature of a thember of authorize | my m | nember) | _ | | | |
| (Printed or typed name of signee) I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 108, F.S. Or, if the address I hereby confirm to the confirmation of Register (Agent) | tment as register of all statules rel accept the oblige is document is be hat the limited lic | ed agent and a lative to the pro utions of my po- ing filed to me ability company | gree to act in Sper and com Sition as regi rely reflect a has been no | this capacity. plete performan stered agent as change in the r tified in writing | I further agre nce of my dut provided for egistered offi g of this chang | e to ies, in ce ge. |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00