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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 limite	d liability company is: _!	restige Resort Properties,	LLC			
2. The mailing address of	f the limited liability com	pany is:				
4458 Ocean View Drive, De	estin, FL 32541					
July 21, 2003		L03000026	697			
3. Date of filing/registrati	ion in Florida	4. Docume	4. Document number			
5. The name of the registe Florida Department of S		red office address as si	hown on the records	of the		
•	Mark V	iolette				
	<u> </u>	lame				
	34990 Emerald Coast F	kwy, 4th Floor, Suite	403	2006 MAY 24	n	
	A	idress	•	25 (2)	<u> </u>	
	L 32541	í	- 3	~		
City, State and Zip				7	Z = 2	
6. The name and address of	of the new registered age	nt and/or office:		HA TH	YOF STATE	
	Laura Z	etterlund			S	
	Na	me		4: 2	15	
	151 Regions V	/ay, Sulte 6A		25		
	Florida street address (P.O. Box NOT accepts	able)	,		
	Destin,	L 32541			•	
	City, Star	c and Zip				
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limor the operating agreement of the member of authority and the confirmed of a member or authority.	lange or changes are mad the registered agent will why confirmed that the c	e, the Florida street ad be identical. Or, in the tange(s) was/were sur	ldress of the registere e case of a Florida lin horized by an affirm d in the articles of org	ed office nited		
Jerry L. Wallace						
(Printed or typed name of signee)						
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 508, F.S. Or if the places I hereby confirm	ntment as registered age s of all statutes relative to 1 accept the obligations of his document is being file that the limited liability of	nt and agree to uct in it the proper and comp if my position as regist d to metely reflect a c company has been noti	this capacity. I furth lete performance of i tered agent as provid hange in the register ified in writing of this	er agree to ny duties, led for in red office s change.		
(Signature of Registered Agent) Division	of Corporations, P.O.	Box 6327, Tallahasse	ce, FL 32314			

FILING FEE: \$25.00

INHS18 (8/05)