(Re	questor's Name)	
(Add	dress)		
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(Cit	y/State/Zip/Pho	ne #)	
PICK-UP	☐ WAIT	MAIL	
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July 26, 2012

VIA US MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: NEW STERLING RESORTS, LLC

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$25.00 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

RYAN ERIMS

REGISTERED AGENT SOLUTIONS, INC.

Ryum Emis

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.

Name of the limited liability company:	e limited liability company: New Sterling Resorts, LLC	
2. (a) Principal office address of limited liability compa	eany: 5005 LBJ FREEWAY, SUITE 1200	
(Note: MUST BE STREET ADDRESS)	DALLAS TX 75244	
(b) Mailing address of limited liability company:	5005 LBJ FREEWAY, SUITE 1200	
(Note: MAY BE POST OFFICE BOX)	DALLAS TX 75244	
08/20/2004	L04000061825	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:	
Registered Agent:	BUSINESS FILINGS INCORPORATED	
Registered Office Address:	515 E. PARK AVENUE	
	TALLAHASSEE FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	NEW Registered Office address:	
NEW Registered Agent:	Registered Agent Solutions, Inc.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Dr. Suite A	
UNUST DE TEURIDA STREET ADDRESS	Tallahassee ,FL32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member. Alan L. Murray Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	e Florida street address of the registered office lentical. Or, in the case of a Florida limited c(s) was/were authorized by an affirmative vote therwise provided in the articles of organization any. AHASSETARY OF THE STARY O	
address, I hereby confirm that the limited liability comp Art Flores, Asst. sec.	merety reflect a change in the registered office Carry has been notified in writing of this change,	

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