105000 26299

| (Re | questor's Name) | |
|---|-------------------|-------------|
| (Add | dress) | |
| (Add | dress) | - ', |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu: | siness Entity Nar | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



300324633553

U3/U1/19--U1U23--UU5 *+25.UU

S TALLENT MAR 1 2 2019



RIANU

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|--|--|--|
| SUBJECT: Largo Vacation Properties, LC | | | |
| Name of Limited Liability Company | | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Keuin Bryant, Esq. Name of Person | | | |
| The Tavich Law Firm P.A. Firm/Company | | | |
| 1946 Tyler Street Address | | | |
| Holly wood, FL 33020 City/State and Zip Code | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Michelle Morton at (336) 312-8269 Name of Person Area Code & Daytime Telephone Number | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Enclosed is a check for the following amount: | | | |
| \$25 Filing Fee & Certified Copy | | | |

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

| Florida. | |
|---|--|
| 1. Name of the limited liability company: Largo Vac 2. (a) Largo Vacation Properties UC (b | cation Properties, LLC |
| 2. (a) Largo Vacation Properties UC (b Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing laddress of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| 20 Shoreland Dr | 2235 April Sound Lan |
| Key Largo, F-L 33037 | 2235 April Sound Lan Frisco, TX 75033 |
| March 15, 2005 Date of filing/registration in Florida 4. | L 050000 26299 Document number |
| , , | |
| Registered Agent and Registered Office shown on the records of the Florida 1200 South Pinl Island Registered Office Address H 250 Plantation FL 33 (b) The Tarich Law Firm P. P. Enter name of NEW Registered Agent and/or NEW Registered Office address: 1946 Tyler Street NEW Registered Office Address: | Rood 1324 |
| Hollywood FL 330 | 20 |
| If the limited liability company is not organized under the laws of the the change or changes are made, the Florida street address of the regis agent will be identical. Or, in the case of a Florida limited liability cowas/were authorized by an affirmative vote of the members of the limited least to organization or the operating agreement of the limited least to organize of a member or authorized representative of a member. I hereby accept the appointment as registered agent and agree to act provisions of all statutes relative to the proper and complete perform the obligations of my position as registered agent as provided for in to merely reflect a change in the registered office address. I hereby conotified in writing of this change. | stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in iability company. Michelle Morton Printed or typed name of signee |

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