L050000009498

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| A. LUNT MAY 1 8 2010 |
| EXAMINER |

Office Use Only



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05/13/11--01018--016 **25.00

2011 MAY 13 PM 2: 39

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: 6/06-1 Resort 1 | Management LLC. ed Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office | e Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this | matter to the following: |
| Trayis R. Thomas Name of Person | 2011 MAY 13 |
| tolobal Resot Management Firm/Company | |
| 1300 La Quinta Dr. Ste. #2 | 3 <u>7</u> |
| Orlando F1 32809 City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | gmt.com |
| For further information concerning this matter, p | lease call: |
| Travis R. Thomas at (| 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 P.O. Box 6327 Tallahassec, Florida 32314 |
| Enclosed is a check for the following an | nount: |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy |

INHS18 (5/08)

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 / 141 |
|--|--|
| 1. Name of the limited liability company: 6/66 | al Resort Management, LLC. |
| 2. (a) Principal office address of limited liability compan | y: 7041 Grand Motional W |
| (Note: MUST BE STREET ADDRESS) | #224 |
| | Orland, F1 32819 |
| (b) Mailing address of limited liability company: | 7041 Grand Metions Dr |
| (Note: MAY BE POST OFFICE BOX) | #24 |
| | Orlando, F1 32819 |
| 3/24/2005 | L 05000029498 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | |
| Registered Agent: | I ravis R. Thomas |
| Registered Office Address: | 7041 Grand Notion Dr #224 |
| | Orlanda Pl 32819 3 |
| | |
| (b) Enter name of NEW Registered Agent and/or NE | W Registered Office address: |
| NEW Registered Agent: | max ω max |
| NEW Registered Office Address: | 1300 LeQuint DE Site #2 |
| (MUST BE FLORIDA STREET ADDRESS) | OF DECEMBER |
| | Orlando = FL 32809 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized epresentative of a member | Florida street address of the registered office tical. Or, in the case of a Florida limited |
| | |
| Kevin K. Wiegard | _ |
| Printed or typed name of signee | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my participated to the Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compand | igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change. |
| Signature of Registered Agent | |