

L05000/08466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

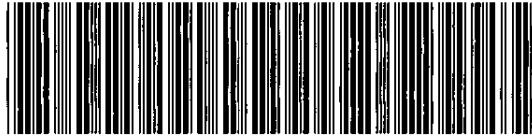
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 28 AM 11:44

J. BRYAN

MAY - 2 2008

EXAMINER

**CFRA, LLC**  
**REGISTERED AGENT SERVICES**  
**A SUBSIDIARY OF CARLTON FIELDS**

Corporate Center Three at International Plaza  
4221 W. Boy Scout Blvd, 10<sup>th</sup> Floor  
Tampa, Florida 33607-5736

Mailing Address:  
P. O. Box 3239  
Tampa, Florida 33601-3239  
Tel (813) 223-7000 Fax (813) 229-4133

April 24, 2008

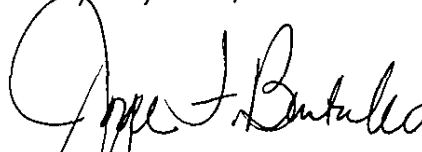
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

**Re: CHANGE OF REGISTERED AGENT – MULTIPLE ENTITIES**

Gentlemen:

On behalf of Michael D. Crosbie, please find enclosed several Statement of Change of Registered Agent forms for the attached multiple entities. Also enclosed are several Carlton Fields' checks for the filing fees. Please also see the attached for a list of all the entities that must be changed.

Very Truly Yours,



Joyce F. Bentubo  
Secretary

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DIVISION OF CORPORATIONS  
08 APR 28 AM 11:44

JFB/jab  
Enclosures

**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 limited liability company is: RESORTS FUNDING GROUP, LLC
2. The mailing address of the limited liability company is: 2460 SAND LAKE RD. ORLANDO, FL 32809

11/08/2005

L05000108466

3. Date of filing/registration in Florida
4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MICHAEL D. CROSBIE

Name

2460 SAND LAKE RD.

Address

ORLANDO, FL 32809

City, State and Zip

6. The name and address of the new registered agent and/or office:

CFRA, LLC

Name

4221 W. BOY SCOUT BLVD., 10<sup>TH</sup> FLOOR

Florida Street address (P.O. Box **NOT** acceptable)

TAMPA, FL 33607

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Malcolm Wright

(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

DNHS18(08/05)

**FILING FEE: \$25.00**

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DIVISION OF CORPORATIONS  
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