

Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

TIMESHARE BROKER SERVICES OF FLORIDA, LLC

Certificate of Status	. 0
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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. Name of the limited liability company: <u>Times</u>	hare Broker Services of Florida, LLC
2. (a) Principal office address of limited liability of (Nota: MUST BE STREET ADDRESS)	ompany: 283 Central Avenue, Suite 260 Dover, NH 03820
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	283 Central Avenue, Suite 260 Dover, NH 03820
November 18, 2005	L05000111951
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Dept. of State:
Registered Agent:	Vacation HotDeal Companies, INC.
Registered Office Address:	2014 Ashley Oaks Circle, Suite 101 Wesley Chapel, FL 33644
(b) Bnier pame of <u>NEW Registered Agent</u> and	or NEW Registered Office address:
NEW Registered Agent:	CT Corporation System
NEW Registered Office Address: OMUST BE FLORIDA STREET ADDRES:	1200 South Pine Island Road S) Plantation,FL 33324
that after the change or changes are made, the Florid office of the registered agent will be identical. Or, is hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the art limited liability company.	ler the laws of the State of Florida, it is hereby confirmed la street address of the registered office and the business native case of a Florida limited liability company, it is aized by an affirmative vote of the members of the limited licles of organization or the operating agreement of the
(Signature of a member) (Signature of a member) (Signature of a member) (Printed or typed name of signes)	· ·
	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, and I osition as registered agent as provided for in Chapter 608, lact a change in the registered office address, I hereby notified in writing of this change.
(Signature of Registered Agent)	•

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

INHS18 (05/08)