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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368



REGISTERED AGENT CHANGE

PALATIAL DESTINATIONS - LA BRISE, LLC

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EXAMINEF

JUN 2 5 2009

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: PALATIAL	DESTINATIONS - LA BRISE, LLC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		0 13
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	200 S. ORANGE AVENUE SUITE 2300 ORLANDO FL 32801 US	G
6/1/2006 3. Date of filing/registration in Florida	L06000056615 4. Document number	- .
5. (a) Registered Agent and Registered Office shown (
Registered Agent:	A.G.C. CO.	. 8
Registered Office Address:	200 S. ORANGE AVENUE, Suite 2300 ORLANDO FL 32801 US	_ 0
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	EW Registered Office address: C T Corporation System	_
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Plantation,FL 33324	_
If the limited liability company is not organized under that after the change or changes are made, the Florida st office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorize liability company or as otherwise provided in the article limited liability company. Signature of a member or authorized representative of a member)	reet address of the registered office and the busi e case of a Florida limited liability company, it i d by an affirmative vote of the members of the l	n ess is limited
(Printed or typed name of signee) I hereby accept the appointment as registered agent and the provisions of all statutes relative to the am familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notif	d agree to act in this capacity. I further agree to proper and complete performance of my duties on as registered agent as provided for in Chaps a change in the registered office address, I hen fied in writing of this change.	3 nd E 60455 60 55 60 55 60 55
By: Barlara Ceberre	BB/BB/B A. Burke	5 9 <u>5</u>
(Signature of Registered Agent) Spr Division of Corporations, P.O. B FILING FI INHS 18 (05/08)	The state of the s	RY OF STATE CORPORATIO
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