

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000149883 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-9368

REGISTERED AGENT CHANGE

PALATIAL DESTINATIONS-SXM, LLC

Certificate of Status 0 Certified Copy Û Page Count 02 Estimated Charge \$35,00 C. LEWIS

JUN 2 5 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

€ 25. [©]

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 D	ESTINATIONS-SXM, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	200 S. ORANGE AVENUE SUITE 2300 ORLANDO FL 32801 US
6/13/2006 3. Date of filing/registration in Florida	L06000060511 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	A.G.C. CO.
Registered Office Address:	200 S. ORANGE AVENUE, Suite 2300 ORI, ANDO FI, 32801 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	V Registered Office address: CT Comporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
	Plantation c.FL 33324
If the limited liability company is not organized under the lithat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cathereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	t address of the registered office and the business use of a Florida limited Hability company, it is an affirmative vote of the members of the limited forganization or the operating agreement of the
2/cHana 1= HTD37=1 (Printed or typed name of signee)	-
(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 production of the prod	\$25.00 SER T
NHS18 (05/08)	
015 - 05/27/20xxx C T System Calino	STA STA