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EXAMINER

## **COVER LETTER**

Division of Corporations		
·		
SUBJECT: Supreme Vaca	tion Homes (USA) LLC	
Name of Limite	d Liability Company	
Dan Sir an Madama		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Jacqueline Del-Giudice		
Name of Person		
Supreme Vacation Homes (USA) LLC	<u> </u>	
Firm/Company		
844 Old Bridge Circle		
Address		
Davenport, FI 33897		
City/State and Zip Code		
weststonebridge3@aol.com E-mail address: (to be used for future annual report notificati		
E-mail address: (to be used for future annual report notificati	on)	
For further information concerning this matter, ple	ase call:	
Jacqueline Del-Giudice at (	863 ) 424-1234	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIED ADDRESS.	MAII INC ADDECC.	
	STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amo	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## **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.

Name of the limited liability company:	Supreme Vacation Homes (USA) LLC	
2. (a) Principal office address of limited liability	company:	
(Note: MUST BE STREET ADDRESS)	844 Old Bridge Circle Davenport, FI 33897	
(b) Mailing address of limited liability compan	y:	
(Note: MAY BE POST OFFICE BOX)	844 Old Bridge Circle Davenport, FI 33897	
1/15/10	L06000089729	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office sh	own on the records of the Florida Dept. of State:	
Registered Agent:	Corporate Creations Network, Inc.	
Registered Office Address:	11380 Prosperity Farms Road #221E Palm Beach Gardens, FI 33410 US	
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW Registered Agent</u> :	d/or NEW Registered Office address:  Jacqueline Del-Giudice	
NEW Registered Office Address:	844 Old Bridge Circle	
MUST BE FLORIDA STREET ADDRES		
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 force 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 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 dates, 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.  Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		
Division of Corporations, P.O.	Box 6327, Tallahassee, FL 32314	

**FILING FEE: \$25.00** 

INHS18 (05/08)