## Labour 123157

(Re	equestor's Name)
(Ac	ddress)
. (Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(В	usiness Entity Name)
(Do	ocument Number)
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## **COVER LETTER**

Division of Corporations	÷			
SUBJECT: MS VACATION GROUP, LLC (Name of Limited Liabi	lity Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
David B. Pleat, Esq.  (Name of Person)	<del></del>			
Pleat & Perry, P.A.  (Firm/Company)	<u> </u>			
4477 Legendary Drive, Suite 202				
Destin, Florida 32541 (City/State and Zip Code)				
For further information concerning this matter, please cal	II:			
Joseph Billhimer at ( 228	(Area Code & Daytime Telephone Number)			
Registration Section Re Division of Corporations Di Clifton Building P.0	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 ellahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

TO: Registration Section

## 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 limite	ed liability company	y is: MS Vacation	Group, LLC			·
2. The mailing address o	f the limited liabili	ty company is : 24	629 Oak Island,			
Pass Christian, MS 375	571		·		·	
December 29, 2006			L06000123157			
3. Date of filing/registration in Florida			Document numb	er		<del>-</del>
5. The name of the registra Florida Department of	State:	-	ddress as shown on	the records	of the	
	Wesley T. Fo	ontaine, Esq. Name				
	4477 Legenda	ary Drive, Suite	202			
	Destin, Florida				07	DIVIS
6. The name and address		•			JUL -	CRETA IOH O
	David B. Pleat				-5 P	
·	4477 Legendar	Name ry Drive, Suite 2	202		PH 3:	
	Florida street ad	dress (P.O. Box N	OT acceptable)		:	
	Destin	FL 3254	1		:	) .
	Ci	ity, State and Zip				
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreeme	thange or changes a fithe registered age creby confirmed that mited liability computed liability computed liability.	are made, the Florient will be identical at the change(s) was pany or as otherwindility company.	da street address o l. Or, in the case o as/were authorized	f the register f a Florida li by an affirm	ed officed attive v	ote
Terri U.  (Printed or typed name of signed)	Billhimer					
I hereby accept the apportunity with the provision and I am familiar with a Chapter 608, F.S. G. if address, I hereby addition	<u> </u>	red agent and agre elative to the prope ations of my positi eing filed to merel ability company ha	ee to act in this cap or and complete per on as registered as y reflect a change i as been notified in	acity. I furth formance of gent as provi in the registe writing of thi	ier agr my du ded foi red off is chan	ree to ties, in ice ige.
(Signature of Registered Agent)  Divisi	on of Corporation	ns. P.O. Box 6327, ILING FEE: \$25.		32314		
\ /	r,	ILING FEE: \$25.	υv			

INHS18 (8/05

Dgvid 'Rrand Pleat\* Amy A. Perry†\*\* William J. "West" Ritchie

Wesley T. Fontaine 0\*\*
John B. Fuller III
Mark E. Nichols
Winter E. Spires

\*Also Admitted In DC & MD

\*\*Also Admitted In GA

OAlso Admitted in AL

† Also a Supreme Court Certified Mediator



4477 Legendary Drive Suite 202

Destin, Florida 32541 Tel: 850.650.0599 Fax: 850.650.4402

Email: law@pleatperry.com Website: www.pleatperry.com

July 3, 2007

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

Re: MS Vacation Group, LLC.

Dear Sir or Madam:

Enclosed please find a Statement of Change of Registered Agent regarding MS Vacation Group, LLC. Also enclosed is our firm's check no.: 10435 in the amount of Twenty-five and 00/100 Dollars (\$35.00) which represents payment of the filing fee for the Statement of Change. Please forward all future correspondence regarding MS Vacation Group, LLC to our office.

Should you have any questions, please contact me.

David B Pleat

truly yours,

DBP/jef Enclosures

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