

LD 7000039047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

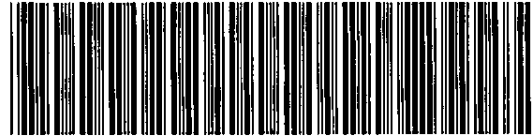
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

DEC 30 2013

A. LUNT

Office Use Only



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11/08/13--01002--019 **35.00

RECEIVED BY STATE
CLERK/REGISTRATION

2013 DEC 18 PM 4: 14

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2013

CHARLES SIMON
P.O. BOX 580449
KISSIMMEE, FL 34758

SUBJECT: CHAZGUERNSEY LLC
Ref. Number: L07000039047

We have received your document for CHAZGUERNSEY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt
Regulatory Specialist II

Letter Number: 613A00026324

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chazguernsey LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles Simon

Name of Person

Chazguernsey LLC dba Select Vacation Homes

Firm/Company

Po Box 580449

Address

Kissimmee, FL, ~~34758~~ 34758

City/State and Zip Code

Charles@villas-usa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles

Name of Person

at (321) 947 6526

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

2019 DEC 18 PM 4: 14
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 05-11-2011 BY 60322 UCBAW

FILED

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: Chazguernsey LLC

2. (a) Principal office address of limited liability company: Select Vacation Homes
830 N John Young Parkway
Kissimmee, FL, 34741
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: Select Vacation Homes
PO Box 580449
Kissimmee, FL, 34758
(Note: MAY BE POST OFFICE BOX)

04/11/2007
3. Date of filing/registration in Florida

L07000039047
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Charles J. Simon


Registered Office Address: 9310 US Hwy 192, Suite 62nd Center
Clermont Florida
34714

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Charles J. Simon

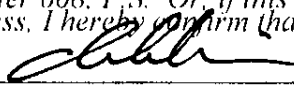
NEW Registered Office Address: Select Vacation Homes
830 N John Young Parkway
Kissimmee, FL 34741
(MUST BE FLORIDA STREET ADDRESS)

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 vote 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 or authorized representative of a member

Charles Simon
Printed or typed name 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 duties, 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.


Signature of Registered Agent

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