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COVER LETTER

•	TO: Registration Section Division of Corporations				
	SUBJECT: American Tir	ne Share Marketing, LLC e 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:				
	Robert Sip	tin			
	American Time Share (Firm/Company)	e Marketing, LLC			
	Pompane Beach Pompane City/State and Zip Code)	Rand 7. 33069			
For further information concerning this matter, please call:					
	Robert Sipkin (Name of Person)	at (954) 974 6053 (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			

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 undersig liability company submits the following statement in order to change its registered office of agent, or both, in the State of Florida.	ned li r regi	imited stered
1. The name of the limited liability company is: American Time Shape Marketi	49.6	40
2. The mailing address of the limited liability company is: 1104 5. Power line	R	ead.
Vompano Beach, Florida 33069		·
3. Date of filing/registration in Florida LO70000 539 4. Document number	16	· ———
3. Date of filing/registration in Florida 4. Document number		
5. The name of the registered agent and the registered office address as shown on the records Florida Department of State: Dahm Ann	of the	VIO
City, State and Zip	7 AUG	SECR 1SION
6. The name and address of the new registered agent and/or office:	G 28 PH	
1104 5. Power line Rand	 ယ္	2
Florida street address (P.O. Box NOT acceptable)	-	\$
City, State and Zip		
If the limited liability company is not organized under the laws of the State of Florida, it is he confirmed that after the change or changes are made, the Florida street address of the registered and the business office of the registered agent will be identical. Or, in the case of a Florida liability company, it is hereby confirmed that the change(s) was/were authorized by an affirm of the members of the limited liability company or as otherwise provided in the articles of or or the operating agreement of the limited liability company.	ed off nited ative	vote
(Signature of a member or authorized representative of a member)		
Robert Sipkin (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent as provided the chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the register address. I hereby confirm that the limited liability company has been notified in writing of this	er ag my di led fo red of s chai	ree to ities, r in fice nge.
(Signature of Registered Agent)		

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