108000087478

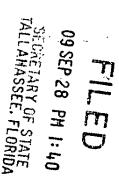
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Labinoso Ellas, Mario)					
(Document Number)					
Certified Copies Certificates of Status					
, :					
Special Instructions to Filing Officer:					
·					
,					

Office Use Only



600157967606

09/28/09--01017--025 **25.00



D. BRUCE

SEP 2 9 2009

EXAMINER

COVER LETTER

Division of Cor	porations					
SUBJECT:	 	''' 	CATION C	 	LLC	
Dear Sir or Madam:						
The enclosed Registere	d Agent/Registered	d Office (Change and t	fee(s) are su	bmitted for fi	ling.
Please return all corresp	pondence concerni	ng this m	atter to the f	ollowing:		
	IDA Y. INTRIAGO	<u>)</u>				
	/ACATION OUTL	ET, LLC				
969 PARI	K TERRACE CIR Address	CLE				O9 SEF
	MMEE, FL 34746 State and Zip Code	6			ISSEE, FĽ(09 SEP 28 PH 1:4
discounty E-mail address: (to be us	acation1@gmail.	.com ort notification	n)		IRIDA	07:
For further information	concerning this m	atter, plea	ise call:			
GLENDA II		at (_	407)	2 Code & Daytime	247-5152 Telephone Numb	er
	RIER ADDRESS: ion orations Center Circle		MAILIN Registrati Division P.O. Box	G ADDRES ion Section of Corporation	SS: ons	
Enclosed is a cl	heck for the follow	ving amo	unt:			
\$25 Filing Fe	e		\$55 Fili	ing Fee & C	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. Name of the limited liability company:DISCO	UNT VACATION OUTLET, LLC			
2. (a) Principal office address of limited liability company	969 PARK TERRACE CIRCLE			
(Note: MUST BE STREET ADDRESS)	KISSIMMEE, FL 34746			
(b) Mailing address of limited liability company:	969 PARK TERRACE CIRCLE			
(Note: MAY BE POST OFFICE BOX)	KISSIMMEE, FL 34746			
09-23-09	L08000087678			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	GLENDA Y. INTRIAGO			
Registered Office Address:	969 PARK TERRACE CIRCLE KISSIMMEE, FL 34746			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address 28			
NEW Registered Agent:				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	977 7 D			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member CLUDA TATLIAGO 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 provision of all statutes relative to the provision of all statutes relative to the provision of the provision of the obligations of my porchapter 608, F.S. Or, if this document is being filed to metaddress, I hereby confirm that the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.			
Chapter 608, F.S. Or, if this document is being filed to met address, I hereby confirm that the limited liability company Signature of Registered Agent	sulon as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.			

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