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SECRETARY OF STATE
TALLAHASSEE, FLORIFIA

M. THOMAS

AUG 1 2 2009

EXAMINER

## **COVER LETTER**

_	n of Corporations					
SUBJECT: _	CELE BRATION Name	HORLD	PROPERTIES	LLC		
	Name	of Limited L	iability Company			
Dear Sir or Ma	ıdam:					
The enclosed R	R <del>egistered Agent</del> /Registere	ed Office Ch	ange and fee( <del>s)</del> are	submitted f	for filing.	
Please return a	Il correspondence concern	ing this mat	er to the following:			
	PAUL BRYON Name of Person	/	and the second second			
CELE	BRATION NORLD Firm/Company	PROPE	<u> Aires</u>			
	1838 BAILLIE G	GLASS L	ANE			
	City/State and Zip Code	32835	<del></del>		SECRETARY OF STATE TALLAHASSEE, FLORIDA	7
Paul (c E-mail addres	O celabration world poss: (to be used for future annual rep	or notification)	<u>com</u>		10 AMI ARY OF ST SSEE, FLC	IL E
For further info	ormation concerning this n	natter, please	e call:		I: 14 ATE IRIDA	O
	BRYON Name of Person	at ( <u>4</u>	4-33 Area Code & Daytin		<del></del>	
Registra Division Clifton 1 2661 Ex	AT/COURIER ADDRESS: ation Section of Corporations Building decutive Center Circle assee, Florida 32301		MAILING ADDRI Registration Section Division of Corpora P.O. Box 6327 Tallahassee, Florida	ESS: a ations		
Enclose	ed is a check for the follo	wing amou	nt:			
\$25	Filing Fee		\$55 Filing Fee &	Certified (	Сору	

INHS18 (5/08)

## 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. Nan	ne of the limited liability company:	CELEBRATION	WORLD	PRO	PERTT	<u> </u>
	Principal office address of limited lia	ability company:		8 BA	ILLIE	GLASS LANG
-[\sum_	(Note: MUST BE STREET ADDR	RESS)	OR	LANDO	FL	32835
(b)	Mailing address of limited liability of	ompany:	<u> 183</u>	8 BAI	HIE	GLASS LANE
<u> </u>	(Note: MAY BE POST OFFICE I	<u>30X</u> )	OR	LAMBO	FL	32835
3. Dat	e of filing/registration in Florida M	_ AAKH 05 2009 4.	Document no	umber $\not$	0900	00 22458
5. (a)	Registered Agent and Registered Of	ffice shown on th	e records of th	e Florida	Dept.	of State:
	Registered Agent:	-	CARILLE	: ARS	E 150	INTE
	Registered Office Address:	- -	1420 CE SUITE 200 CELEBE		SAL SAL	BOWE VARD.
(b)	Enter name of <b>NEW Registered Ag</b>	ent and/or <u>NEW</u>	Registered C	ffice add	-	O AH I
	NEW Registered Agent:	-			ORIGINATE OF THE PROPERTY OF T	= -
	NEW Registered Office Address: (MUST BE FLORIDA STREET A	DDRESS)	1838 I			FL <i>32835</i>
confirmand the liability of the or the	imited liability company is not organ ned that after the change or changes are business office of the registered age y company, it is hereby confirmed the members of the limited liability compoperating agreement of the limited liability or authorized representative of a member or authorized representative of a member of authorized representative	are made, the Flo ent will be identic at the change(s) very or as otherwall ability company.	rida street add al. Or, in the vas/were author	ress of th case of a orized by	ia, it is e regis Florida an affi	hereby tered office a limited rmative vote
	PAUL BRYON or typed name of signee					
I here comply and I d Chapte address	by accept the appointment as register with the provisions of all statutes re im familiar with and accept the obliger 608, F.S. Or, if this document is best. I hereby confirm that the limited li	red agent and ag lative to the prop ations of my posi eing filed to mere ability company i	ree to act in the er and comple tion as registe ly reflect a ch has been notifi	is capaci ete perfor red agen ange in t ied in wri	ty. I fu mance ( as pro he regi ting of	orther agree to of my duties, ovided for in stered office this chänge.

Signature of Registered Agent