

L09000032997

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 12 2011

EXAMINER



LEGACY
VACATION CLUB

PO Box 690999
Orlando, FL 32869-0999

Phone: 407-997-3000

December 6, 2011

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Legacy Vacation Club Management, LLC

Sir or Madam:

Enclosed please find the cover sheet and the "**Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company**", together with check no.26639 in the amount of \$25.00 representing the filing fee.

Please e-mail me with filing confirmation at
Suzanne.hickey@legacyvacationclub.com. If you have any questions please call me at
407-997-2255.

Thank you for your assistance in this matter.

Sincerely,

Suzanne Hickey, Assistant to:
Marty A. Stone, Esq.
Senior Vice President
and General Counsel

MAS/smh
Enclosures

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2011 DEC -9 PM12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legacy Vacation Club Management, 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:

Suzanne Hickey

Name of Person

Legacy Vacation Club, LLC

Firm/Company

8451 Palm Parkway

Address

Lake Buena Vista, FL 32835

City/State and Zip Code

suzanne.hickey@legacyvacationclub.com

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

For further information concerning this matter, please call:

Anthony J. Picciano

Name of Person

at (407) 997-3000

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

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2011 DEC -9 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Legacy Vacation Club Management, LLC

2. (a) Principal office address of limited liability company: 8451 Palm Parkway

(Note: MUST BE STREET ADDRESS)

Lake Buena Vista, FL 32836

(b) Mailing address of limited liability company:

P.O. Box 690999

(Note: MAY BE POST OFFICE BOX)

Orlando, FL 32869

04/06/09

3. Date of filing/registration in Florida

L09000032997

4. Document number

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

Registered Agent:

Jared M. Meyers

Registered Office Address:

8451 Palm Parkway

Lake Buena Vista, FL 32836

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

NEW Registered Agent:

Anthony J. Picciano

NEW Registered Office Address:

8451 Palm Parkway

(MUST BE FLORIDA STREET ADDRESS)

Lake Buena Vista, FL 32836

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

Jared M. Meyers

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

PRESIDENT

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00