## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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## LLC REGISTERED AGENT CHANGE FLORIDA VACATIONLAND, LLC

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T. Burch DEC 2 2013

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## (2/2)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	8, Florida Statutes, the undi- to change its registered offi	ersigned-limited ce or registered.	
1. Name of the limited liability company: Florida Vacationiand, LLC			
2. (a) Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)	12522 GRANDEZZA CIRCL 33928	E ESTERO, FL	
(b) Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)	12522 GRANDEZZA CIRCL 33928	E ESTERO PL	
Communication of the Communica		0 2:	
12/3/2009	L09000115373	المراس المراس	
	. Document number		
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept	. of State:	
Rogistored Agent:	BDB AGENT CO.	: 28 IDA	
Registered Office Address:	6356 TOWN CENTER ROAD STE 900 BOCA RATON, FL 33486		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	C T Corporation System		
NEW Registered Office Address:  MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road		
MOST DE PLOIDA S (REST ADDICES)	Plantation	FL,33324	
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.  Signaturol's member or sutherized representative of a member			
Printed or typed name of signee  I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of th	ree to act in this capacity. I per and complete performant ition as registered agent as pely reflect a change in the region of t	further agree to e of my auties, rovided for in listered office of this change.	
Signature of Registered Agent  Division of Compositions R.O. Box 633	ssisioni Secretoru		

FILING FEE: \$25.00

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