Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003561653)))



H190003561653ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:	Division of Corporations Fax Number : (850)617-6383				
From:	Account Name : C T CORPORATION SYS Account Number : FCA000000023 Phone : (614)280-3339 Fax Number : (954)208-0845	TEM			
annua Email	nnual report mailings. Enter only one email address_please,**				
	LLC REGISTERED AGENT CHANGE SET TO THE RESORT RENTAL VACATIONS, LLC TO THE RESORT RENTAL VACATIONS.				
1	Certificate of Status		C		
	Certified Copy	1 (C) A #40			
	Page Count	02			
	Estimated Charge	\$55.00			
	ፇ፟ቔ፞ **Enter the c.† annua	From: Account Name : C T CORPORATION SYSTACCOUNT Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845 **Enter the email address for this business ent annual report mailings. Enter only one email address: **Email Address: **Example Count **Cortificate of Status **Cortificate Copy Page Count	From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3339 Fax Number : (954)203-0845 **Enter the email address for this business entity to be used for further annual report mailings. Enter only one email address please, ** Email Address: Certificate of Status Certificate of Status Certificate Copy Page Count Page Count Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3339 Fax Number : (954)203-0845 **Enter the email address for this business entity to be used for further annual report mailings. Enter only one email address please, ** CERTIFICATION SYSTEM ACCOUNT OF THE PROPERTY		

Electronic Filing Menu

Corporate Filing Menu

Help

TOTAL SOLD

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

. Na	me of the limited liability company: RESORT RENTAL	. VAC	ATIONS, LLO	<u> </u>
!. (a) .	Principal office address of limited liability company:	_ (b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	850 NW 13th Ave.		850 NW 11	
	Portland, OR 97209	_	Portland, C	OR 97209
	02/03/2010		L100000136	587
	Date of filing/registration in Florida	4.		Document number
. (a)	CORPORATE CREATIONS NETWORK, INC.			
. (4)	Registered Agent and Registered Office shown on the records of the	ne Florid	la Dept, of State	- v:
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRES</u>	<u>(S)</u>	-
	11380 PROSPERITY FARMS ROAD #221E			_
	PALM BEACH GARDENS, FL_	33410		•
(b)	C.T. Corporation System			2019 SECH SALLA
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office a	ldress:	PEC NASSE
	NEW Registered Office Address:			P A
	1200 South Pine Island Road			
	Plantation, FL_	33324		10A
he cha gent v vas/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of dynamization or the operating agreement of the l	the reg bility of the li limited	istered office ompany, it is mited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
Signat	my hi a member or authorized representative of a member			Printed or typed name of signee
provisi he obl o mere iotified ly:	Vaccept the appointment as registered agent and agreeing of all statutes relative to the proper and complete placetions of my position as registered agent as provided by reflect a change in the registered office address. In I fin writing of this change. Alfred Younan as Assistant Secretary	re to a perfor I for it ereby	ct in this cap mance of my Chapter 60, confirm that	acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been