## L12000162029

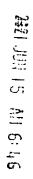
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiless Eliaty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100367885771

06/15/21--01028--013 \*\*25.00



O SINWONS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 " 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: June 14, 2021

Order#: 847727/249

Re: SHELL VACATIONS CLUB-FLORIDA, LLC

Enclosed please find:

XX \_ Change of Registered Agent and Office.

XX Check in the amount of \$\$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Meghan Groom c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## . 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.

(a) <u>0277</u>	Principal office address of limited (Note: MUST BE STREET	liability company:	_ (b			
		<u>ADDRESS</u> )			Mailing address of limi (Note: MAY BE PC	ited liability company: PST OFFICE BOX
ORL	ANDO, FL 32821		_	ORLAND	OO, FL 32821	
12/28	8/2012			L1200016	52029	
<u></u>	Date of filing/registration	in Florida	4.		Document number	r
(a) CORF	PORATE CREATIONS NETV	VORK INC.				
Registe	ered Agent and Registered Office sh US HIGHWAY 1	own on the records of th	ne Florida	Dept. of Stat	<del>_</del> te:	۳٠)
Registe	ered Office Address (MUST BE	FLORIDA STREET AL	DDRESS	2		259
NOR	TH PALM BEACH	FL	33408		_	5
(b)	name of NEW Registered Agent an	d/o- NEW Domistand (	Office od	d	_	ف
enter n	anie of NEW Registered Agent an	WOI NEW RESISTERED C	Jinee au	<u>ui eșs</u> .		. <del>.</del>
Corp	oration Service Company					
<u>NEW</u>	Registered Office Address:				_	
1201	Hays Street				_	
Talia	hassee	, FL	32301		_	
nange or cha gent will be i as/were auth	liability company is not orgatinges are made, the Florida stidentical. Or, in the case of a horized by an affirmative vote organization or the operating	reet address of the r a Florida limited liab e of the members of	egistere pility co the lim imited li	ed office an mpany, it i ited liabilit iability con	nd the business office is hereby confirmed ty company or as of	ce of the registered I that the change(s)
Signature of a	member or authorized representative	ve of a member			Printed or typed nam	e of signee
<i>i 1</i>		ered agent and agre	e to act	in this cap	açity. İ further agr	ee to comply with the
rovisións of a le obligation le merely refla	ept the appointment as registed all statules relative to the pross of my position as registered ect a change in the registered iting of this change	oner and complete n	priormo	ince of my hapter 60: onfirm that	duties, and I am fa 5, F.S. Or, if this d the limited liability	miliar with and accep ocument is being filea company has been