## L13000152424

(Requestor's Name)							
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PICK-UP WAIT MAIL							
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(Document Number)							
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SEP 17 2021 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 995845 7855256

AUTHORIZATION

COST LIMIT ://\$ 25.00

ORDER DATE : September 13, 2021

ORDER TIME : 3:35 PM

ORDER NO. : 995845-379

CUSTOMER NO: 7855256

CHANGE OF AGENT

NAME: FLORIDA DIAMOND RESORTS

MANAGEMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## 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.

1.	Name of the limited liability company: FŁORIDA DIA	MOND RE	SORTS MA	NAGEMENT	, LLC		
2. (a	10600 M. Chadaston Rivid	(1	(b) 10600 W Charleston Blvd  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
(-	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(,					
	Las Vegas, NV 89135		Las Vega	s, NV 89135	_		. <u>.</u>
	10/29/2013		L13000152	2424			
<ol> <li>3.</li> <li>5. (</li> </ol>	Date of filing/registration in Florida NRAI SERVICES, INC	4.		Document nu	mber		
v. (a	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	of the Florida	Dept, of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS	2	-		20	
	Plantation F	T. 33324		-		2021 SEP	4 T 0 ) 4 T 1 5 E 4
(b	)				, ,	6	1.323
	Enter name of NEW Registered Agent and/or NEW Registere Corporation Service Company	ed Office ad	dress:		•	PM 1: 3	
	NEW Registered Office Address:			-			
	1201 Hays Street						
	Tallahassee, F	.L_32301_	<del></del>				
agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registere iability cor of the lim	d office and mpany, it is ited liability	I the business hereby confir company or:	office of med that	the reg	istered
	Xin E. Clani	ilmi, Author	orized Person				
I her provi the oi to me notifi	ature of a member or authorized representative of a member eby accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I add in writing of this change.	ree 10 act performa ed for in C hereby co	in this capa nce of my d hapter 605, nfirm that th	Printed or typed city. I further uties, and I an F.S. Or, if th he limited liah		_	w with the ind accept eing filed as been
Signa Grace	ure of Registered Agent E. Kirby, Asst. Vice President of Corporation Service Company						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00