## L14000130154

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## **COVER LETTER**

TO: Registration Section Division of Corporations								
America Resort Services, LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Char	age and fec(s) are submitted for filing.							
Please return all correspondence concerning this matter	to the following:							
Lourdes I. Acevedo								
Name of Person								
America Resort Services, LLC								
Firm/Company								
7208 West Sandlake Road Suite 305								
Address								
Orlando, Florida 32819								
City/State and Zip Code								
admin@americaresortservices.com								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please of	eall:							
Lourdes I. Acevedo 4	07 255-2142							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS:	MAILING ADDRESS:							
Registration Section	Registration Section							
Division of Corporations	Division of Corporations							
Clifton Building	P.O. Box 6327							
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314							
Enclosed is a check for the following amount:								
<b>■</b> \$25 Filing Fec	☐ \$55 Filing Fee & Certified Copy							

INHS18 (2/14)

## 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.	Na	me of the limited liability company: America Reso	rt Sen	/ices, l	LLC			
2.	(a)	7208 West Sandlake Road Suite 305	(1	) P.O	Box 720941 Orla	ando, Florida 32872		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (	-) <u></u>	_	imited liability company: POST OFFICE BOX)		
		Orlando, Florida 32819	_					
			_					
		08/19/2014		L1400	0130154			
3.		Date of filing/registration in Florida	4.		Document num	ber		
5.	(a)	Lourdes I. Acevedo						
	,	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of	f State:			
		7200 Lake Ellenor Dr. Suite 206						
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	<u>2)</u>				
		Orlando . FL	32809			C 29		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:		<del></del>	PM 1: 22 PM 1: 22		
		7208 West Sandlake Road Suite 305						
		NEW Registered Office Address:						
		Orlando , FL	32819					
the age	e cha ent y is/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regit bility can the line in the line	stered o ompany nited lia liability	office and the busine t, it is hereby confirm bility company or as to company.	ss office of the registered ned that the change(s)		
=	4	an Ou	Lo	ırdes I	. Acevedo			
I i pro the to	herei ovisi obl mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address, I have a first change.	ee to ac perform for in ereby c	t in this lance of Chapter lonfirm	Printed or typed n capacity. I further my duties, and I am 605, F.S. Or, if thi that the limited liabi	garee to comply with the		

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

Signature of Registered Agent