LH00169019

| (Re | equestor's Name) | | | | |
|---|--------------------|-----------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Cit | ty/State/Zip/Phone | #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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Office Use Only



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FEB 1 6 2016 S. YOUNG



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard

lindsey.lockard@cscglobal.com

Date: February 11, 2016

Order#: 010118/048

Re: SHERATON FLEX VACATIONS, 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:Lindsey Lockard

c/o Corporation Service Company 2711 Centerville Road, Suite 400

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.

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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.

| 2. (a) | 9002 SAN MARCO CT | (b) | 15147 N. Scottsdale | Rd., Suite H-210 |
|--------------------------------------|---|------------------|--|---|
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address | of limited liability company: BE POST OFFICE BOX) |
| | ORLANDO FL 32819 | | Scottsdale, AZ 85254 | |
| | 10/29/2014 | | L14000169019 | |
| 3. | Date of filing/registration in Florida | 4. | Document no | umber |
| 5. (a) | C T CORPORATION SYSTEM | | | |
| | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | 当当 の 一 |
| | Registered Office Address (MUST BE FLORIDA STREET | ET ADDRESS) | | 日日日 |
| | | | | 5 5 E |
| | PLANTATION , | FL <u>33324</u> | | B 15 MI |
| | | | | |
| (b) | | 1000 | | 25 to 20 |
| | Enter name of NEW Registered Agent and/or NEW Register | erea Office adai | <u>ress</u> : | |
| | 1201 Hays Street | | | |
| | NEW Registered Office Address: | | | |
| | | | | |
| | | | | |
| | Tallahassee | FL 32301 | | |
| | , | FL 32301 | | |
| | limited liability company is not organized under the | | | |
| | ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited | | | |
| vas/w | ere authorized by an affirmative vote of the member | rs of the limi | ed liability company or | |
| nevar | ficles of organization or the operating agreement of | the limited li | ability company. | |
| c:.d | Lel C. Whee | | Jill Cilmi, Authorized Person Printed or typed name of signee | |
| | atthe of a member or authorized representative of a member | | • • | 5 |
| or ovis he ob o mei | ebb accept the appointment as registered agent and alons of all statutes relative to the proper and comploitions of my position as registered agent as proverly reflect a change in the registered office addressed in writing of this change | lete performa | nce of mŷ duties, and I i | am familiar with and acces |
| _ | Selvie Quesset | | | |
| Signat | ure Registered Agent Corporation Service Compan | v BY: Sv | lvia Oueppet, Asst. V | ice President |

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