

L16000096149

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H170000906613)))



H170000906613ABC/

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

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT CHANGE
VACASA FLORIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
2017 APR -3 PM 12:28
TALLAHASSEE, FLORIDA

FILED
2017 APR -3 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

S Warren
APR 04 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vacasa Florida LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrycja Wolniczek-Mucha

Name of Person

Vacasa Florida LLC

Firm/Company

5445 COLLINS AVENUE SUITE CU-9

Address

MIAMI BEACH, FL 33140

City/State and Zip Code

patrycja.wolniczek@vacasa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Steinmetz

at (888) 201-6278

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INT1818 (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. Name of the limited liability company: Vacasa Florida LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

5445 COLLINS AVENUE SUITE CU-9

MIAMI BEACH, FL 33140

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

5445 COLLINS AVE. SUITE CU-9

MIAMI BEACH, FL 33140

05/17/2016

L16000096149

3. Date of filing/registration in Florida 4. Document number

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

NORTHWEST REGISTERED AGENT LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3030 N ROCKY POINT DR SUITE 150A

TAMPA, FL 33607

(b) _____

Enter name of NEW Registered Agent and/or NEW Registered Office address:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Vanessa Giarratano

Signature of a member or authorized representative of a member

Vanessa Giarratano, Manager

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System Kimberly Steinmetz
Signature of Registered Agent Vice President and
Assistant Secretary

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

FILED
2017 APR - 3 A 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA