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To:

Division of Corporations

Fax Number

: (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
Phone: (850)205-8842
Fax Number: (850)878-5368

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**ALBRITTON** 

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

Email Address:

## REGISTERED AGENT CHANGE ROYALTY RESORTS CORPORATION

Certificate of Status	0
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
CHET	ROYALTY RESORTS CORPORATION
3013	Name of Corporation
DOCI	JMENT NUMBER:
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
	Susan McMaster
	Name of Contact Person
	Jaffe Rait Houer & Weiss, P.C.
	Firm/Company
	27777 Franklin Road, Suite 2500
	Address
	Southfield, Michigan 48034
	City/State and Zip Code
•	smcmaster@jaffelaw.com
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
<del></del>	Name of Contact Person
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

6/10/2016 10:00:57 AM From: To: 8506176380( 3/3 )

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
I. The name of	the corporation: Royalty Resorts Corporation	
2. The principal	office address: Carefree Communities, Inc.	
	melback Road, Suite B-310, Scottsdale, Arizona, 85251	_
3. The mailing a	address (if different):	_
4. Date of incorp	poration/qualification: 10/04/1989 Document number: L20427	_
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	CORPORATION SERVICE COMPANY	
	1201 HAYS STREET	
	TALLAHASSEE, FL 32301-2525	
6. The name and (if changed);	TALLAHASSEE, FL 32301-2525  d street address of the new registered agent (if changed) and /or registered office	
	NRAI Services, Inc.	
<b>.</b>	1200 South Pine Island Road	
	Plantation, Florida 33324	
The street address ohanged will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change we authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Yeareli	Susan R. McMaster, Authorized Person  Printed or typed name and title	
I hereby accept I further agree of performance of	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete  my dulies, and I am familiar with and accept the obligation of my position as registered  is document is being filed merely to reflect a change in the registered office address, I  that the corporation has been notified in writing of this change.	
By	patitive of Registered Agents  Discontinuous Patitive of Registered Agents  Date	
	chalf of an entity:	
latrista	DAVIS, ASST. Se.C.  ypood or Printed Name	

\* \* \* FILING FEE: \$35.00 \* \* \*

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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