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## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Going West Vacations 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:					
Cory West Name of Person					
Going West Vacations LLC Firm/Company					
3834 Park Royal Ln. Address					
Antioch, Tu 37013  City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Cory West at (615) 533-7920 Name of Pelion at (615) Area Code & Daytime Telephone Mumber					
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					
Enclosed is a check for the following amount:					
☐ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy					

## 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	ame of the limited liability company:Goins We	st Vacations	LLC	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) <u>Coology We</u> Mailing add ( <u>Note: M</u>	ress of limited liability comp	oany: <u>X</u> )
	115 Damon Circle		Park Royal L	<u>n.</u>
	Panama City Beach, FL 32407	Andioch,	TN 37013	
	Date of filing/registration in Florida 4.	L22000	168305	
3.	Date of filing/registration in Florida 4.	Documen	nt number	
5. (a)	Registered Agent and Registered Office shown on the records of the Flo	orida Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDR.	ESS)		
	<u> </u>			
	Onlando FL 3	2808	T	
(b)	Enter name of Mew Registered Agent and/or NEW Registered Office  115 Damon Circle  NEW Registered Office Address:	cations LLC address:	Ab 21 AM 6: 08	:
	Panama City Beach FL 3			
change agent v was/wo the arti	imited liability company is not organized under the laws of the or changes are made, the Florida street address of the regist will be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the close of organization or the operating agreement of the limited.	tered office and the busing company, it is hereby communitied liability company and liability company.	ness office of the regist onfirmed that the chang	ereu ge(s)
	ture of a member of authorized representative of a member			ot at
I here provisi the obl to mere notified	by accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete perforingations of my position as registered agent as provided for it is reflect a change in the registered office address, I hereby it in writing of this change.	act in this capacity. I fur mance of my duties, and n Chapter 605, F.S. Or, confirm that the limited	rther agree to comply v l I am familiar with and if this document is bei l liability company has	vith the 1 accept ng filed been
Signatu	re of Registered Agent			