

L95000000407

Requester's Name

McCLANE ■ TESSITORE
215 EAST LIVINGSTON STREET
ORLANDO, FLORIDA 32801
UNITED STATES

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____ (Corporation Name) _____ (Document #) 700004755907--8
-01/07/02--01058--019
*****70.00 *****35.00
- 2. _____ (Corporation Name) _____ (Document #)
- 3. _____ (Corporation Name) _____ (Document #)
- 4. _____ (Corporation Name) _____ (Document #)

- Walk in
- Mail out
- Pick up time
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

02 JAN -7 AM 11:08
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Availability	<input type="checkbox"/>	Domestication	<input type="checkbox"/>	Other	<input type="checkbox"/>
Document Examiner		OTHER FILINGS			
Updater	<input type="checkbox"/>	Annual Report	<input type="checkbox"/>	Fictitious Name	<input type="checkbox"/>
Updater Verifier			DCC		
Acknowledgement			DCG		
W. P. Verifier			DCC		

Examiner's Initials

L95000000407

3 pages

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Sterling Vacation Realty, L.C.
- 2. The mailing address of the corporation: 4403 Sun Village Blvd., Kissimmee, FL 34746
- 3. Date of incorporation/qualification: May 23, 1995
Document number: L95000000407
- 4. The name and address of the current registered agent and office:

Michael A. Tessitore, Esquire
McClane Professional Association
1221 West Colonial Drive, Suite 200
Orlando, FL 32804

- 5. The name and address of the new registered agent (if changed) and/or registered office (if changed):

(P.O. Box Not Acceptable)

215 East Livingston Street
Orlando, FL 32801

02 JAN -7 AM 11:09
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

W. Q. Jones
(Signature of an officer, chairman or vice chairman of the board)

01/03/02
(Date)

W. Q. JONES, Director and officer
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

Mr. [Signature]

(Signature of Registered Agent)

If signing on behalf of an entity:

12/27/01

(Date)

(Typed or Printed Name)

(Capacity)

FILING FEE: \$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JAN -7 AM 11:09

FILED