Florida Department of State Division of Corporations

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Division of Corporations

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REGISTERED AGENT CHANGE

AMBER VACATION CLUB, LLC

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S. HAWKES AUG 1 2 2009 **EXAMINER**

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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 608.416 or 608.508, Florida Statutes, the understand limited agent, or both, in the State of Florida. 1. Name of the limited liability company: Amber Vacation Club, LLC 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 201 Omnord Beach, Florida 32174		
1. Name of the limited liability company:A	mber Vacation Club, LLC	
2. (a) Principal office address of limited liability company: 700 West Granada Blvd.		
(Note: MUST BE STREET ADDRESS)	Suite 201 Ormond Beach, Florida 32174	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		
7/23/1999	L9900004492	
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:		
Registered Agent.	A.G.C. Co.	
Registered Office Address:	200 South Orange Avenue, Suite 2300 Orlando, Florida 32801	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	W Registered Office address: F&L Corp.	
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	One Independent Drive Suite 1300	
	Jacksonville FL 32202-5017	
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. Signature of a member or authorized representative of a member		
Stacy Robbins Honogram Agent Printed or Styped 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 608, F.S. Or, if this document is being filled to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.		
Signiture of Registered Agent John A. Sandars, Authorized Agent		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

INH\$18 (05/08)

DO THAT TOWN