

10740 NALL AVENUE - SUITE 200 OVERLAND PARK, KANSAS 66211 (913) 648-7272 • FAX (913) 383-9596

SUITE 112 9233 WARD PARKWAY KANSAS CITY, MO 64114 (913) 648-7272 FAX (816) 303-1533

June 30, 2000

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

000003314020--3 -07/05/00--01115--012 *****25.00 ******25.00

RE:

Resort Management Systems, LC, a Florida limited liability company

Our File No. 3033.01

Dear Sir/Madam:

199-6830

We are enclosing a Statement of Change of Registered Office for the above referenced Florida limited liability company, along with two copies and a check for \$25.00 for the filing fee.

Please verify this filing by returning one file-stamped copy to us in the self-addressed, stamped envelope provided for your convenience.

If you have any comments or questions concerning this filing, please call me at 913-648-7272. Thank you for your assistance in this matter.

Very truly yours,

HOLMANHANSEN COLVILLE & CQ

Joanne W. Jacobs

Paralegal

jwj

Enclosures

cc:

Michael J. Rahn

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 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. The name of the limited	d liability company is:RE	SORT MANAGEMENT SYSTEMS, L.C.
2. The mailing address of	the limited liability company is:	115 Dunes Edge Road
		Jupiter, FL 33473
9/22/99		L9900006830
3. Date of filing/registration in Florida		4. Document number
5. The name of the registe Florida Department of S	red agent and the registered office State:	address as shown on the records of the
	Michael J. Rahn	
	Name 1499 Forest Hill Blvd.,	Suite 101
	Address	
	West Palm Beach, FL 33	406
	City, State and Z	ър -1 О
6. The name and address of	of the new registered agent and/or	office:
•	Michael J. Rahn	
	Name	
	115 Dunes Edge Road	SEFF P D
	Florida street address (P.O. Box	NOT acceptable)
		473
	City, State and Zip	р .
confirmed that after the ch and the business office of liability company, it is her the members of the limiter	nange or changes are made, the Flo	two of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of e provided in the articles of organization or
(Signature of a member or authori Michael J. Rahn, Mana	zed representative of a member) aging Member	•
Michael J. Rahn, Mana	ging Member	•
(Printed or typed name of signee)		
I hereby accept the appoind the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered agent and ag s of all statutes relative to the pro d accept the obligations of my pos his document is being filed to mer that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
10/1/	a	
(Signature of Registered Agent) Michael J. Rahn	m of Compandions D.O. De- 420	17 Tallahassaa El 20214
Divisio	n of Corporations, P.O. Box 632	77, Tahahassee, FL <i>34</i> 314

FILING FEE: \$25.00