L9900000 8434

	2004 1167 23 F	1:46	
(Requestor's Name)	Clowdally by Your All Conf.	FOR BA	
(Address)			0000427
(Address)		! 	0000 121
(City/State/Zip/Phone #	#) MAIL		11/23/0401040
(Business Entity Name)		
(Document Number)			
Certified Copies Certificates o	of Status		
Special Instructions to Filing Officer:			
*		9 9 1	

Office Use Only



39590

--006 **25.00

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 limite	d liability company is:	RRH MA	RKETING, LLC			<u> </u>		
2. The mailing address of				C. FIN	СН			
2340 SW 2ND AVENU								
12/06/1999			L9900000843	4				
3. Date of filing/registration in Florida			4. Document number					
5. The name of the registe Florida Department of	ered agent and the regis State: FINCH, JENNIFEF		address as shown	on the r	ecords	of the		
	426 NW 25TH STF	Name REET		49.	. .			
	GAINESVILLE FL					L E		
	•	, State and Zi	•		122 153	;		
6. The name and address of	of the new registered a	igent and/or o	office:		Ū			
	2340 SW 2ND AVE	Name NUE			ا: انا			
	Florida street addres	is (P.O. Box)	NOT acceptable)					
	GAINESVILLE	FL 3260	7					
	City, S	State and Zip						
If the limited liability components of the confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the operation of t	the registered agent we reby confirmed that the diability company or f the limited liability company or great representative of a member 200 and 100 a	nade, the Florill be identicate change(s) was otherwise company.	vs of the State of I rida street address al. Or, in the case vas/were authorize provided in the ar	lorida, of the r of a Flo d by an ticles o	it is he egister orida li: affirm f organ	reby ed office mited ative vote of ization or		

INTERVAL FINANCIAL SERVICES, LC, MANAGER

(Printed or typed name of signee) BY NORMAN CARPENTER (President)

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 609, F.S. Or, if this adjument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signatury of Registered Agent)

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

FILING FEE: \$25.00

INHS18(10/99)