## 7 0000000000000071

	•	
	(Requestor's Name)	
	(Address)	
	(Address)	
	(· (dai:000)	
	(City/State/Zip/Phone	#)
PICK-U	P WAIT	MAIL
<del></del>	(Business Entity Nam	e)
	(0	
	(Document Number)	
Certified Copies	Certificates	of Status
Special Instruction	s to Eiling Officer:	
1		





100102110001

07 JUN 26 PH 12: 45



ACCOUNT NO. : 072100000032
REFERENCE : 964276 5,016225
AUTHORIZATION : Trulbar
COST LIMIT : \$ 35.00
ORDER DATE: June 22, 2007
ORDER TIME: 11:41 AM
ORDER NO. : 964276-005
CUSTOMER NO: 5016225
CHANGE OF AGENT
NAME: GRAND VACATIONS TITLE, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Delaware rto change its registered office or registered agent, or both, in the State of Florida.
	he corporation: GRAND VACATIONS TITLE, LLC
2. The principal	office address: 6355 Metrowest Blvd, Suite 180, Orlando, FL 32835
3. The mailing a	ddress (if different): 6355 Metrowest Blvd., Suite 180, ATTN: LEGAL DEPT, Orlando, FL 32835
4. Date of incorp	poration/qualification: 01/07/2000 Document number: M00000000071
	I street address of the current registered agent and registered office on file with the truent of State:
	Rebecca Sloan
	Rebecca Sloan  Same as #3  Street address of the current registered agent and registered office on file with the street address of the new registered agent (if changed) and /or registered office
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street  (P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by the	Rebecca Sloan, Manager  Rebecca Sloan Manager  (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this in filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.  Service Company
By: M	mature of Registered Agent)  5-25-57  (Date)
	shalf of an entity:
	noy, Assistant Vice President
(1	Fyped or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*