

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

MO000000944

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GINN DEVELOPMENT COMPANY, LLC
Account Number : I20080000036
Phone : (386) 246-5859
Fax Number : (386) 246-5856

FILED
11 AUG 19 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: thotalling@hammockbeach.com

LLC REGISTERED AGENT CHANGE GINN-PINE ISLAND GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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D. BRUCE

AUG 22 2011

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Help
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ginn-Pine Island GP, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tammy Hotaling

Name of Person

Resort Shared Services, LLC - Legal Department

Firm/Company

200 Ocean Crest Drive, Suite 31

Address

Palm Coast, FL 32137

City/State and Zip Code

thotaling@hammockbeach.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Hotaling

Name of Person

at (386)

246-5859

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

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. Name of the limited liability company: Ginn-Pine Island GP, LLC

2. (a) Principal office address of limited liability company: 1 Hammock Beach Pkwy.

(Note: **MUST BE STREET ADDRESS**)

2nd Floor - Legal Department
Palm Coast, FL 32137

(b) Mailing address of limited liability company: 1 Hammock Beach Pkwy.

(Note: **MAY BE POST OFFICE BOX**)

2nd Floor - Legal Department
Palm Coast, FL 32137

5/11/2000

3. Date of filing/registration in Florida

M00000000944

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

John Gray

Registered Office Address:

1 Hammock Beach Parkway, 2nd Floor
Palm Coast, FL 32137

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Virginia Tee, Esq.

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

200 Ocean Crest Drive, Suite 31
Legal Department
Palm Coast, FL 32137

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.

By: Legacy Resort Assets, LLC, its manager

Signature of a member or authorized representative of a member

BY: Amy Wilde, Vice President

Printed or typed 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 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.

Signature of Registered Agent

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

FILING FEE: \$25.00