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SEP 1 7 7021 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 995845

7855256

AUTHORIZATION

COST LIMIT

ORDER DATE: September 13, 2021

ORDER TIME : 3:24 PM

ORDER NO. : 995845-105

CUSTOMER NO: 7855256

CHANGE OF AGENT

NAME:

DIAMOND RESORTS CYPRESS POINTE

I DEVELOPMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: DIAMOND RESORTS CYPRESS POINTE I DEVELOPMENT, LLC								;
2.	(a)	10600 W Charleston Blvd	(b) 10600 W Charleston Blvd						
		Principal office address of limited liabil (Note: MUST BE STREET ADD		_ \		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Las Vegas, NV 89135		_	Las Vega	s, NV 89135			
		08/12/2002			M0200000	2090			
3.5.	(a)	Date of filing/registration in Fi	lorida	4.		Document nu	mber		
٠.	(4)	Registered Agent and Registered Office shown 1200 South Pine Island Road Registered Office Address (MUST BE FLO		- e: -					
		Plantation		33324	<u></u>	.	· ·	2021 SEP	
((b) .	Enter name of NEW Registered Agent and/or	NEW Registered ()	Office ac	ldress:	-		16 PM) = []
		Corporation Service Company					1	 5	المعادة
		NEW Registered Office Address:				-		2	
		1201 Hays Street				_			
		Tallahassee	, FL_3	2301		-			
ager was the	nge nt w /wei artic	mited liability company is not organized or changes are made, the Florida street all be identical. Or, in the case of a Flore authorized by an affirmative vote of the of organization or the operating agreement.	address of the re rida limited liabi the members of t eement of the lir	egistere ility co the lim	ed office and impany, it is nited liability	l the business of hereby confin company or a	office of med that	the regis	stered
		<u>Xia E. Cionia</u>				rized Person			
Signature of a member or authorized representative of a member			Printed or typed name of signee						
I he prov the o to m notij	reb risió oblig erel fied	y accept the appointment as registered on this of all statutes relative to the proper of gations of my position as registered age by reflect a change in the registered offic in writing of this change.	agent and agree and complete pe int as provided fo ce address, I her	to act erforma or in C reby ca	in this capa ance of my d Thapter 605, onfirm that th	citv. I further luties, and I an F.S. Or, if thi he limited liabi	agree to 1 familia 1 s docum 1 lity com	comply r with an ent is be pany ha:	with the id accept ing filed s been

Signature of Registered Agent Grace E. Kirby, Asst. Vice President of Corporation Service Company Division of Corporations P.O. Box 6327 Ta