

M03 0000004030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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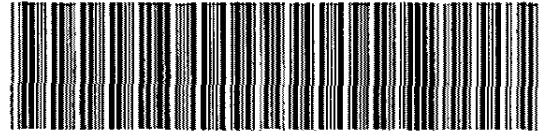
(Business Entity Name)

(Document Number)

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05/24/04--01095--015 \*\*25.00

FILED  
04 MAY 24 PM 12:48  
TALLAHASSEE, FLORIDA

**CL@S INFORMATION SERVICES**  
1425 RIVER PARK DRIVE, SUITE #110, SACRAMENTO, CA 95815-4508  
Tel: (800) 447-6237

REF.#: 1180232

DATE: 5/21/04

NAME(S): • CONSOLIDATED REALTY, INC.

REQUEST FOR : • FLORIDA

TYPE OF FILING: • CHANGE OF AGENT

**FILED**  
04 MAY 24 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE FILE IMMEDIATELY UPON RECEIPT

IF THERE ARE ANY PROBLEMS, PLEASE HOLD THE FILING(S) AND CALL US FOR INSTRUCTIONS

**SPECIAL INSTRUCTIONS: •**

PLEASE FILE THE ATTACHED UPON RECEIPT. WE HAVE ENCLOSED A SELF-ADDRESSED, STAMPED ENVELOPE FOR YOUR CONVENIENCE IN RETURNING A STAMPED, FILED COPY TO US. PLEASE CALL WITH ANY QUESTIONS. THANK YOU IN ADVANCE.

☐ Enclosed is our check # 110712 not to exceed \$ 25.00 Please be sure to return our appropriate amount used or send a receipt.

FLORIDA SECRETARY OF STATE  
Corporations Division  
P.O. Box 6327  
Tallahassee, FL 32314

**AUTHROIZE REQUESTOR**

GALE SMITH-CAMP

**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 liability company is: CONSOLIDATED RESORTS TRAVEL, LLC
2. The mailing address of the limited liability company is : 250 PILOT RD., STE. 300, LAS VEGAS,  
NEVADA 89119

11/25/2003

M03000004030

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD

Address

PLANTATION, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

526 E. Park Avenue

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32301

City, State and Zip

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.

  
(Signature of a member or authorized representative of a member)

GALE SMITH-CAMP

(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.*

NRAI Services, Inc.

  
(Signature of Registered Agent)

JUDY CULVER, ASST SECTY

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

FILED  
04 MAY 24 2004  
TALLAHASSEE, FL  
SECTION 608.416  
SECTION 608.508