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SEP 17 2021 ! ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE

COST LIMIT :

ORDER DATE: September 13, 2021

ORDER TIME : 3:26 PM

ORDER NO. : 995845-110

CUSTOMER NO: 7855256

CHANGE OF AGENT

NAME:

DIAMOND RESORTS DAYTONA

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. N	lame of the limited liability company:DIAMOND RE	SORTS DAYT	ONA DEVELOPMENT, LI	LC			
2. (a)	10600 W. Charleston Blud	(b) 10	(h) 10600 W Charleston Blvd				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(8)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Las Vegas, NV 89135		s Vegas, NV 89135				
	04/02/2004	M04	000001268				
3. 5. (a)	Date of filing/registration in Florida NRAI SERVICES, INC	4.	Document number				
J. (4,	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	f the Florida Dept	. of State:				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		20			
	Plantation, FI	33324 L		7021 SEP 1			
(b)				5			
, ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:		PA .			
	Corporation Service Company			: 57			
	NEW Registered Office Address:						
	1201 Hays Street						
	Tallahassee FI	32301	. <u> </u>				
agent v	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagues authorized by an affirmative vote of the members of ches of organization or the operating agreement of the	registered off ability compan of the limited 1	ice and the business office y, it is hereby confirmed in iability company or as other	e of the registered			
	Ziu E. Cienie	Jill Cilmi,	Authorized Person				
I herei provisi the obli to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I I in writing of this change.	ree to act in thi performance of d for in Chapte vereby confirm	Printed or typed name is capacity. I further agre of my duties, and I am famer 605, F.S. Or, if this document the limited liability of				
Signatur Grace E	re of Registered Agent						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00