

M08000002259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

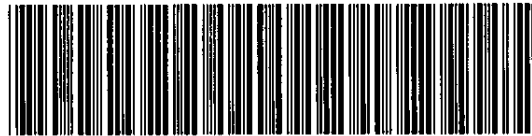
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500133262235

07/25/08--01004--017 **50.00

RECEIVED
08 JUL 25 AM 10:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

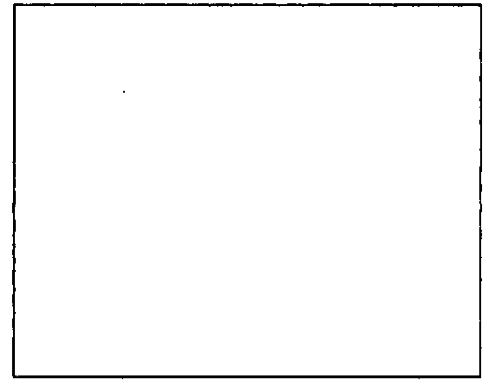
FILED
08 JUL 25 PM 1:15
TALLAHASSEE, FLORIDA

B. KOHR

JUL 25 2008

EXAMINER

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)656-6446



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

WILSON RESORT GROUP, LLC

CK# 3443

AMOUNT \$50.00 (\$25.00 for this filing)

PLEASE FILE THE CHANGE OF AGENT & RETURN THE FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

FILED
08 JUL 25 PM 1:15
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 JUL 25 AM 10:44
NOT INTERFERED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

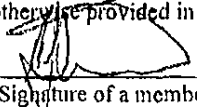
Examiner's Initials

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.

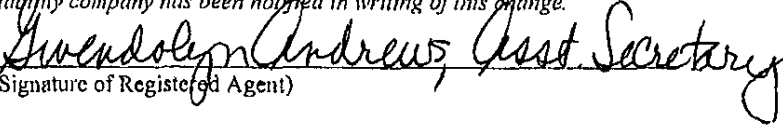
1. Name of the limited liability company: Wilson Resort Group, LLC
2. (a) Principal office address of limited liability company: 8505 W Irlo Bronson Memorial Hwy.
Kissimmee, Florida 34747
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: Same as Principal Office Address
(Note: MAY BE POST OFFICE BOX)
3. 05/12/2008 Date of filing/registration in Florida
4. M08000002259 Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: Brian T. Lower
- Registered Office Address: 8505 West Irlo Bronson Memorial Hwy.
Kissimmee, Florida 34747
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Agent: NRAI Services, Inc.
- NEW Registered Office Address: 2731 Executive Park Drive, Suite 4
Weston, FL 33331
(MUST BE FLORIDA STREET ADDRESS)

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)

Michael J. Thompson, Senior 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)