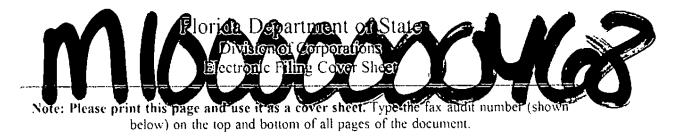
To: Page 2 of 3 Division of Corporations 2019-12-10 13:29:50 CST



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
Phone: (6!4)280-3338
Fax Number: (954)208-0845

	Ema	il Address:		। । । । । । । । । । । । । । । । । । ।
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Electronic Filing Menu Corporate Filing Menu

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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.

l. Na	me of the limited liability company: WYNDHAM VAC	CATIO	N RENTALS N	FORTH AMERICA, LLC
2. (a)		_ (b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	850 NW 13th Ave.	_	850 NW 130	th Ave.
	Portland, OR 97209	_	Portland, Ol	R 97209
	02/02/2010		м1000000004	68
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPORATE CREATIONS NETWORK, INC.			
(a)	Registered Agent and Registered Office shown on the records of	the Flori	ia Dept, of State:	
	Registered Office Address	(DDRES	<u></u>	
	11380 PROSPERITY FARMS ROAD #221E			
	PALM BEACH GARDENS ,FL	33410		
(b)	C.T. Corporation System		7ALL 2018	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>ddress</u> :	FILED 2018 DEC 10 A H: 52 SECRITARY OF STATE TALLAHASSEE, FLORID
	NEW Registered Office Address:		_ 	A D
	1200 South Pine Island Road			LIST STATE OF THE
	Plantation, FL	33324		0A 20
the cha agent v was/w	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of liveautization or the operating agreement of the	the repability of the limited	gistered office company, it is mited liability I liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in apany.
	The state of the s		nnifer Kurz, M:	Printed or typed name of signee
I here provis the obj to mer	that a member of authorized representative of a member by accept the appointment as registered agent and agains of all statutes relative to the proper and complete injurious of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	ree to c perfor ed for i hereby	nct in this cape mance of my of Chapter 603 confirm that	acio I farther auree to comply with the
By:	Alfred Younan Assistant Secretary	,		
Signali	ire of Registered Agent Assistante Secretary			FI 17214