

# MI 000005716

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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**LLC REGISTERED AGENT CHANGE  
LEGACY RESORT ASSETS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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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

1. Name of the limited liability company: LEGACY RESORT ASSETS, LLC2. (a) CIRA CENTRE (b) CIRA CENTRE

Principal office address of limited liability company

Mailing address of limited liability company

(Note: MUST BE STREET ADDRESS)(Note: MAY BE POST OFFICE BOX)2929 ARCH STREET2929 ARCH STREETPHILADELPHIA, PA 19104PHILADELPHIA, PA 1910411/14/2011M11000005716

3. Date of filing/registration in Florida

4. Document number

5. (a) TEE, VIRGINIA, ESQ

Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

200 OCEAN CREST DRIVERegistered Office Address (MUST BE FLORIDA STREET ADDRESS)SUITE 31 - LEGAL DEPTPALM COAST, FL 32137(b) W. BRADLEY MUNROE, ESQUIREEnter name of NEW Registered Agent and/or NEW Registered Office address239 E. VIRGINIA STREETNEW Registered Office AddressTALLAHASSEE, FL 32301

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.

Amy WildeAMY WILDE

Signature of a member or authorized representative of a member

Printed or typed name of signer

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 605, 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

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

FILING FEE: \$25.00

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