Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To.

Division of Corporations

Fax Number : (850) 617-6383

From

Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number : 120000000291 Phone

: (407) 847- 7466 Fax Number : (407) 847-6641

** Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	 <u> </u>	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COASTAL TIMESHARE CREATIONS, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

딅Electronic Filing Menu

Corporate Filing Menu

Help

From: Candy McDonah

(((19000111133 3)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Coastal Timeshare Creations, LLC
Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
-3, .
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
2. The Florida document number of this limited liability company is: M1400005064
·
3. Jurisdiction of its organization: South Carolina
4. Date authorized to do business in Florida: July 17, 2014
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company: World Travel Club 365, LLC (must contain "Limited Liability Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida Street Address
Florida
New Registered Agent's Signature if changing Registered Agent: 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 603. 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 habitity company has been notified in writing of this change.
If Changing Registered Agent, Signature of New Registered Agent
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To:

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If the amendment		ity in accordance with 605,0902 (1)(e), indi	cate that change:
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च∓ . ′	Signate	are of the authorized representative	

om: Candy McDonah	Fax: 13214025154	To:	Fax: (850) 617-6383	Page: 4 of 4	04/03/2019 9:40 PM
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adopts	nt to the 1976 S.C. Co the following amended name of the limited lia	d articles of org		dersigned limited lia	bility company
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			04/03/2009		
•	date the articles of org				
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Signatu	ure: Signed as Authori	zed Signature:	Ted Morris	 	
			•		
Capaci	ty/Position of Person S	Signing (you mu	st check one box).		•
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Fid	luciary Attorne	y-in-Fact			
Ted Me	orris				
(Print or	Type Name)				

Form Revised by South Carolina Secretary of State, August 2016 F0030