

M15000004928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

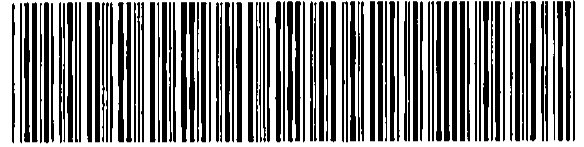
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
FEB 13 2023


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FILED
2023 FEB 10 AM 9:26
RECEIVED
2023 FEB 10 AM 11:27
SECRETARY OF
STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 476992 7855256
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : February 9, 2023
ORDER TIME : 9:0 AM
ORDER NO. : 476992-005
CUSTOMER NO: 7855256

FOREIGN FILINGS

NAME: HGV TOG, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

DocuSign Envelope ID: C6626462-0133-4133-9C01-63699233912C

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HGV TOG, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brandon Lemke

Name of Person

Hilton Grand Vacations

Firm/Company

5323 Millenia Lakes Blvd., Suite 400

Address

Orlando, Florida, 32839

City/State and Zip Code

brandon.lemke@hgv.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon Lemke

407

613-3780

at ()

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

2023 FEB 10 AM 9:24
SECRETARY OF
TALLAHASSEE

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: HGV TOG, LLC

SECOND: The Florida Document number of the limited liability company is: M15000004928

THIRD: Document to be corrected is: AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

HGV TOG, LLC is incorrect due to a typo and should read as HGV TOC, LLC

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

DocuSigned by:
Charles Corbin

2/9/2023 | 11:05 AM EST

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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 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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)