

**M15000009070**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

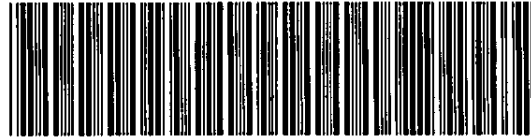
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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04/19/16--01028--001 \*\*25.00

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
16 APR 19 PM 2:16

APR 20 2016  
**S. YOUNG**

ARC  
American Resort Collection

April 18, 2016

Registration Section  
Florida Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

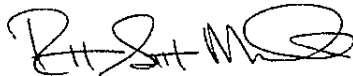
Re: ARC Resorts, LLC – Document No. M15000009070

Dear Sir or Madame:

The attached in intended to clarify that the legal name of the Manager listed for the above-reverenced company is Francis Murphy, not Frank Murphy.

Please let me know if you require anything further to process this amendment.

Sincerely,



R. Scott MacGregor  
Manager  
ARC Resorts, LLC

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARC Resorts, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Robert S. MacGregor**

Name of Person

**ARC Resorts, LLC**

Firm/Company

**PO Box 2538**

Address

**Windermere, FL 34786**

City/State and Zip Code

**scott.macgregor@arcresorts.com**

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

For further information concerning this matter, please call:

**Robert MacGregor**

Name of Person

at ( **702** ) **279-1432**

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**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

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
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**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: ARC Resorts, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

PO Box 2538

Windermere, FL 34786

2. The Florida document number of this limited liability company is: M15000009070

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/11/2015

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(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** \_\_\_\_\_  
City Zip Code

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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Updating records to note that legal name of Manager is Francis Murphy, not Frank Murphy

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Frank Murphy	2014 Ocean Ave.	<input type="checkbox"/> Add

Belmar, NJ 07718 ☒ Remove

Manager	Francis G. Murphy	2014 Ocean Ave.	<input checked="" type="checkbox"/> Add
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Belmar, NJ 07718 ☐ Remove

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☐ Add

☐ Remove

☐ Add

☐ Remove

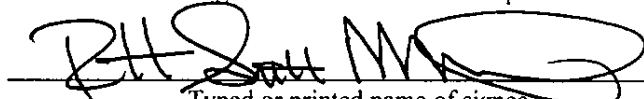
☐ Add

☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

**Robert S. MacGregor**

Signature of the authorized representative

  
Typed or printed name of signee

Filing Fee: \$25.00