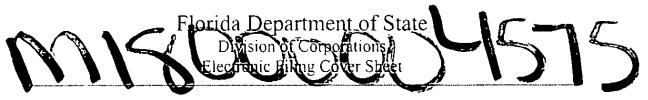
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OF PATER STREET

LLC REGISTERED AGENT CHANGE GETAWAYS RESORT MANAGEMENT, LLC.

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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. Na	me of the limited liability company: GetAways Resor	t Mana	gement, LL(c	
2. (a)	235 E WARM SPRINGS ROAD		(b) PO BOX 231300		
z. (a) .	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	#107		LAS V	/EGAS, NV 89105	
	LAS VEGAS, NV 89119				
	05/10/2018		M18000	0004575	
3.	Date of filing/registration in Florida	4,	· · · · · · · · · · · · · · · · · · ·	Document number	
5 (a)	NORTHWEST REGISTERED AGENT LLC				
(b) _	Registered Agent and Registered Office shown on the records of	the Flor	rida Dept. of	State:	
	7901 4TH ST N				
	Registered Office Address (MUST BE FLORIDA STREET. STE 300	<u>ADDRI</u>	: <u>\$\$</u>		
	ST. PETERSBURG	33702			
	. FL	-			
	C T Corporation System				
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:		
				ETL 2025 JAN 15	
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation . FL	33324		MH 8: 06	
lf the li	imited liability company is not organized under the la-	ws of t	he State of		
the cha agent v was/we	nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the re ability of the l	gistered of company, imited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in	
	/s/CHRISTOPHER JONES, MANAGER	C	HRISTOPH	IER JONES, MANAGER	
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obli to mere notified	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I lin writing of this change. CT Corporation System	ree to e perfor d for i hercby	act in this c mance of i n Chapter i confirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed hat the limited liability company has been	
By: Signatur	SEAN L. EMERICK, ASSISTANT SECRETARY re of Registered Agent				