

1/22/2020

Division of Corporations

Florida Department of State
Division of Corporations
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 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
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SECRETARY OF STATE
 TALLAHASSEE, FL

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LLC REGISTERED AGENT CHANGE
WMPH VACATIONS, LLC

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JAN 23 2020

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: WMPH VACATIONS, LLC

2. (a) 220 Congress Park Drive (b) 2200 Congress Park Drive
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Suite 330 Suite 330
Delray Beach, FL 33445 Delray Beach, FL 33445

3. 12/10/2019 Date of filing/registration in Florida 4. M19000011731 Document number

5. (a) TUKEL, UFUK
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
932 IRIS DRIVE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

DELRAY BEACH, FL 33483

(b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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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.

Christine Aquilera
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.

By: Cardell Rankin C T Corporation System Asst. Secretary
Signature of Registered Agent

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