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(Cit	y/State/Zip/Phone	e #)	
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SECRETARY OF STATE
SECRETARY OF STATE

JUN 08 2015 D. BRUCE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: June 1, 2015

Order#: 631601-100

Re: INTRAWEST SANDESTIN COMPANY, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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SECRETARY OF STATE
ALLAHASSEF FINDER

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. N	lame of the limited liability company: INTRAW	EST SANDESTIN	COMPANY, L.L.C.	
2. (a)	1621 18TH STREET SUITE 300	(b)		
(u)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability com (Note: MAY BE POST OFFICE BO	
	DENVER C(80202			
	07/08/1998	M	9800000734	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	C T CORPORATION SYSTEM			
J. (u	Registered Agent and Registered Office shown on the rec	ords of the Florida Dep	ot. of State:	
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)		
			201 SE	
			2015 JUN SECRETA	
	PLANTATION	, FL <u>33324</u>	NU SAF	_
			IN -3 TARY ASSE	= 7
(b)			<u></u>	<u>ក</u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	gistered Office address	E SIS S	フ
	4004 Have Street		RDE -	
	1201 Hays Street NEW Registered Office Address:			
	registered office reducess.			
	Tallahassee	,FL 32301		
	i alia lassee	, FL32301		
the chagent was/v	limited liability company is not organized under nange or changes are made, the Florida street addi will be identical. Or, in the case of a Florida lim were authorized by an affirmative vote of the men- ticles of organization or the operating agreement	ress of the registere lited liability comp of the limited of the limited liabi	ed office and the business office of the rany, it is hereby confirmed that the chard liability company or as otherwise provility company.	registered nge(s)
Sine	sture of a member of authorized representative of a member		riebe, Authorized Person	<u></u>
			Printed or typed name of signee	
provi the oi to me	eby accept the appointment as registered agent a sions of all statutes relative to the proper and con bligations of my position as registered agent as pi rely reflect a change in the registered office addr ed in writing of this change.	nd agree to act in a mplete performanc rovided for in Cha cess, I hereby confi	this capacity. I further agree to comply e of my duties, and I am familiar with a pter 605, F.S. Or, if this document is be rm that the limited liability company ha	with the nd accept sing filed s been
Sign	Bre Registered Agent Corporation Service Comp	 pany BY: Sylvi	a Queppet, Asst. Vice President	

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00