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SECRETARY OF STATE



ACCOUNT NO. : 072100000032 OF SER 26 M 8:50 REFERENCE AUTHORIZATION COST LIMIT ORDER DATE: September 11, 2006 ORDER TIME : 2:08 PM ORDER NO. : 383907-025 CUSTOMER NO: 4809148 CHANGE OF AGENT NAME: HILTON GRAND VACATIONS DEVELOPMENT COMPANY-LAS VEGAS, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited	liability company is	HILTON GRAND	VACATIONS DEVELOPM	IENT COMPANY-LAS VEGAS, LLC		
2. The mailing address of	the limited liability o	company is:	6355 Metro West Blvo	1., Suite 180,		
Orlando, FL 32835				<u> </u>		
May 26, 1999			M99000000807			
3. Date of filing/registration in Florida		4. Document number				
5. The name of the register Florida Department of S		istered office	address as shown o	n the records of the		
	<u></u>	Rebecca Sloan				
	Name					
6355 Metro West Blvd., Suite 180						
	Address					
	Orlando, FL 32835 City, State and Zip			PE S M		
6. The name and address o	•	•	•	OF SEP 26 AM 8: 50 SECRETARY OF STATEMENT OF		
Corporation Service Company						
Name						
-	1201 Hays Street			70,5		
Florida street address (P.O. Box NOT acceptable)						
	Tallahassee	FL	32301	OP C		
•	Tallahassee City,	State and Zip)			
If the limited liability come confirmed that after the chand the business office of liability company, it is here of the members of the liming the operating agreement (Signature of a member or authority)	ange or changes are the registered agent to be confirmed that the liability companies.	made, the Flowill be idention the change(s) by or as otherwity company.	orida street address or al. Or, in the case was/were authorized vise provided in the	of the registered office of a Florida limited d by an affirmative vote		
Rebecca L. Sloan, Me (Printed or typed name of signee)	ember, Managemen	t Committe	e			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm Manual (Signature of Registered Agent)	L = K - V(L)	n NN	ree to act in this ca per and complete po ition as registered o ely reflect a change has been notified ir	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office i writing of this change.		

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

INHS18 (8/05)