

NO20000005742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

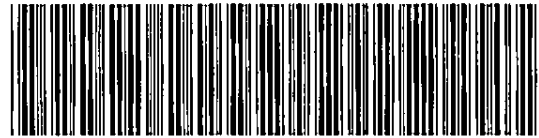
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/20/17--01025--026 **35.00

10/20/17 PM 2:57
STATE OF ALABAMA
CORPORATIONS

Ra Chang



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 18, 2017

Order#: 750938/012

Re: HARBOURVIEW VILLAS AT SOUTH SEAS RESORT CONDOMINIUM

Enclosed please find:

XX Change of Registered Agent and Office.
XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Return Regular Mail in the enclosed envelope.

Attn: Ami Casper
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

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

INCA.XCOA

RECEIVED
STATE
REGISTRATION
OCT 20 2017

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HARBOURVIEW VILLAS AT SOUTH SEAS RESORT CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: South Seas Resort, 981 Plantation Road, Captiva, FL 33924
3. The mailing address (if different): 1509 Periwinkle Way, Sanibel, FL 33957
4. Date of incorporation/qualification: 07/29/2002 Document number: N02000005742
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Hilton Grand Vacations Management, LLC
6355 Metrowest Boulevard, Suite 180
Orlando, FL 32835
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
Tallahassee P.O. Box NOT acceptable FL 32301

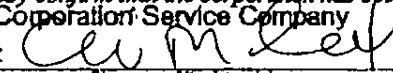
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director Susan R. McCarthy; President
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company
By:  _____
Signature of Registered Agent 10/18/2017
Date

If signing on behalf of an entity:

Ami M. Casper, Asst. Vice President
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2B045 (03/12)