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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 939206 8346014				
AUTHORIZATION: Spelle man				
COST LIMIT : \$ 35.00				
ORDER DATE : August 2, 2021				
ORDER TIME : 11:02 AM				
ORDER NO. : 939206-011				
CUSTOMER NO: 8346014				
CHANGE OF AGENT				
NAME: BONNET CREEK RESORT VACATION CONDOMINIUM ASSOCIATION, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland EXT#				

EXAMINER:

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

statement of cha	nge is submitted for a corporation organ	2, 607.1508, ar 617.1508, Florida Statutes, th ized under the laws of the State of Florida ered agent, or both, in the State of Florida.	is
	- · · · · · · · · · · · · · · · · · · ·	RT VACATION CONDOMINIUM ASSOCIATION	N, INC.
2 The principal	office address: 9560 Via Encinas, Lake	Buena Vista, FL 32830	
z. the principal	office addition.		
3. The mailing a	ddress (if different):		
4. Date of incor	poration/qualification: 11/05/2003	Document number: N03000009616	
	d street address of the current registered attement of State: (If resigned, enter resigne	gent and registered office on file with the	
	Corporate Creations Network, Inc.		
	801 US Highway 1		
	North Palm Beach, FL 33408		~`
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered office	· .
	Corporation Service Company		73
	1201 Hays Street		•
		c NOT acceptable	7:
	Tallahassee	FL 32301	<u></u>
as changed will	be identical.	address of the business office of its registere	
Such change wa authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	I by its board of directors or by an officer so tified in writing of the change.	1
Kvot Heckenste	<u>vin</u>	Kurt Fleckenstein, Secretary	
I hereby accept I further agree of my duties, ar document is be corporation ha Corporatio By:	the appointment as registered agent and the appointment as registered agent and to comply with the provisions of all stational and familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. Bervice Company	Printed or typed name and title d agree to act in this capacity. utes relative to the proper and complete per igation of my position as registered agent. (e registered office address, I hereby confirm Date	formance Or, if this 1 that the
If signing on be	chalf of an entity:		
	, Asst. Vice President		
T	yped or Printed Name	Pr. 626.00 + + +	

FILING FEE: \$35.00

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)