

(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:					
Special instructions to Fining Officer.					
·					

Office Use Only



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AUG 14 2017 S. YOUNG





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: August 3, 2017

Order#: 750938/027

Re: PARC SOLEIL VACATION OWNERS ASSOCIATION, INC.

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

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

statement of cha	provisions of sections 607.0502, (unge is submitted for a corporatio	n organized under the laws	of the State of Flor	rida	
	r to change its registered office o		•	ida.	
1. The name of	the corporation: PARC SOLEIL V	ACATION OWNERS ASSO	CIATION, INC.		
	office address: 11272 Desforges			·	
3. The mailing a	address (if different): 5323 Milleni	a Lakes Boulevard, Suite 120), Orlando, FL 32839		
4. Date of incorp	Date of incorporation/qualification: 11/03/2006 Document number: N06000011665				
	i street address of the current regi rtment of State: (If resigned, enter		office on file with the	he	
	Marc Neu				
	5323 Millenia Lakes Boulevard,	Suite 120			
	Orlando, FL 32839				
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /	or registered office	136 = 7	
	Corporation Service Company			<u> </u>	
	1201 Hays Street			9:2	
		Box NOT acceptable	2204	\$ 100 miles	
	Tallahassee	FL 3	2301		
The street address changed will	ess of its registered office and the be identical.	street address of the busin	ness office of its reg	istered agent,	
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b	dopted by its board of dire	ectors or by an offic the change.	er so	
M	last In-	Marc A	leu Sec.	setaly	
	re of an other or offector		•	7	
further Agree to performunce of agent. Or, if thi hereby confirm	the appointment as registered as to comply with the provisions of a my duties, and I am familiar with its document is being filed merely that the corporation has been no n Service Ompany	all statutes relative to the r	aroner and complete	e egistered dress, I	
By: Clu	Milei	08/02/2017			
Sign	nature of Registered Agent		Date	· · · · · · · · · · · · · · · · · · ·	
f signing on bel	half of an entity:				
Aml M. Casper,	Asst. Vice President				
1)	rped or Printed Name				

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